2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000032619

1. Entity Name
MORTGAGES SOLUTION & LOANS,INC

FILED
05 AUG 30 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6180 30TH COURT SO ST.PETERSBURG, FL 33712 US	P.O.BOX 12783 ST.PETERSBURG, FL 33712 US

REINSTATEMENT 08262005 REIN-F CB2E098 (6/04) 04-05

2. Principal Place of Business	3. Mailing Address
3525 17th Ave So	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg Fl	City & State
Zip: 33711 Country: USA	Zip Country

4. FEI Number: 54-2102726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCMULLEN, ERNEST 2661 58TH TERRACE SO ST.PETERSBURG, FL 33712	Name: Ernest McMullen Street Address (P.O. Box Number is Not Acceptable) 5965 5th St. So City: St. Petersburg FL Zip Code: 33705

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ernest McMullen 8/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANEEF, MEKAL S 1075 59TH AVE SO ST.PETERSBURG, FL 33712	☒ Delete	600059052496 08/29/05--01031--001 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMULLEN, ERNEST 6180 30TH COURT SO ST.PETERSBURG, FL 33712	☐ Delete	Ernest McMullen 5965 5th St. So St. Petersburg, FL 33705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernest McMullen President 8-26-05 727-323-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #