


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<p>FILED</p> <p>07 APR 16 AM 11:26</p> <p>FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA</p> <p>500098020705 04/23/07--01047--010 ***458.75</p> <p>REINSTATEMENT 05-07</p> <p>CR2E081 (1/07)</p>	
DOCUMENT # <u>P030000 43366</u>			
1. Corporation Name <u>Lending trade mortgage corporation</u>			
2. Principal Office Address - No P.O. Box # <u>900 West 49 St.</u>		3. Mailing Office Address <u>900 West 49 St</u>	
Suite, Apt. #, etc. <u>234</u>		Suite, Apt. #, etc. <u>234</u>	
City & State <u>Hialeah Florida</u>		City & State <u>Hialeah Florida</u>	
Zip <u>33012</u>	Country <u>U.S.A.</u>	Zip <u>33012</u>	Country <u>U.S.A.</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>04/17/03</u>		5. FEI Number <u>510466445</u>	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Additional Fee required for a Certificate of Status <u>\$d.75</u>	
7. Name and Address of Current Registered Agent			
Name <u>Lis Ivis Real.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4100 SW. 145 Terr.</u>			
Suite, Apt. #, Etc.			
City <u>MIRAMAR</u>		State <u>FL</u>	Zip Code <u>33027</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>[Signature]</u>		Date <u>04/12/07</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>Lis I. Real.</u>	<u>4100 SW. 145 Terr</u>	<u>Miramar FL 33027</u>
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <u>[Signature]</u>		Date <u>04/12/07 (786) 213 0850</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	