

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P03000043366*

1. Corporation Name

Lending Trade Mortgage Corporation

2. Principal Office Address - No P.O. Box #
900 West 49st

3. Mailing Office Address
900 West 49st

Suite, Apt. #, etc.

234

Suite, Apt. #, etc.

234

City & State

Hialeah Florida

City & State

Hialeah Florida

Zip

33012

Country

U.S.A.

Zip

33012

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Lis Ivis Real

Street Address (P.O. Box Number is Not Acceptable)

4100 SW. 145 Terra

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

REGISTERED AGENT MUST SIGN

Date *04/12/07*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
<i>D</i>	<i>Lis I. Real</i>	<i>4100 SW. 145 Terra</i>	<i>Miramar FL 33027</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/07 (786) 213 0850
Daytime Phone #