

1082


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 13 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000051403

1. Corporation Name

New Age Mortgage Group, Inc.

2. Principal Office Address

6812 Merion Place

Suite, Apt. #, etc.

3. Mailing Office Address

7571 NW 21ST Court

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

City & State

Sunrise, FL

Zip

33068

Country

USA

Zip

33313

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/02/03

5. FEI Number

05-0569080

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Regina L. Croto

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

7571 NW 21ST COURT

Suite, Apt. #, Etc.

City

SUNRISE

State
FL

Zip Code
33313

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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

Regina L. Croto

REGISTERED AGENT MUST SIGN

Date 03/07/06

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
President	Regina L. Croto	7571 NW 21ST COURT	SUNRISE FL 33313
Secretary	Tammy C McClammer	1386 CYPRESS DRIVE	GREENFIELD IN 46140

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:

Tammy C. McClammer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

Date

317-979-7674

Daytime Phone #

Zofz

New Age Mortgage Group Inc.
7571 NW 21st Court
Sunrise, FL 33313
(954) 260-8698

April 4, 2006

Department of State
Division of Corporation
PO BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to inform you that I did not receive annual report notice in the year of dissolution/revocation. The Corporation was dissolved on 10/01/2004 I assume by the State of Florida. Please allow Corporation to be reinstated. Enclosed is check for all filing fees according to reinstatement forms. I have also included Corporation Reinstatement Form.

Sincerely,



Regina L. Croto
President