


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000063799 1. Entity Name YORK MORTGAGE INC.						FILED 06 NOV 28 3:34 SEC. TALLA	
Principal Place of Business 2960 SW 139 TER DAVIE, FL 33330				Mailing Address 2960 SW 139 TER DAVIE, FL 33330			
2. Principal Place of Business 6065 NW 167th St Suite, Apt. #, etc. B12				3. Mailing Address 6065 NW 167th St Suite, Apt. #, etc. B12			
City & State Miami FL				City & State Miami FL			
Zip 33015		Country US		Zip 33015		Country US	
4. FEI Number 20-1020583				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOR, VERONICA A 6065 N.W 167 ST SUITE #B12 MIAMI, FL 33015				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	DP MOR, VERONICA A 6065 N.W 167 ST, STE B12 MIAMI, FL 33015			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082104833 11/28/06--01049--004 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Veronica Mor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>11/21/06</i> Daytime Phone #: <i>(954) 650-3500</i>			