2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000164997

Entity Name: CAPITAL MORTGAGE & INVESTMENTS, INC.

FILED Dec 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15900 NE 3RD AVE. 862 NE 209 STREET N. MIAMI BCH, FL 33162

205

MIAMI, FL 33179

Current Mailing Address: New Mailing Address:

15900 NE 3RD AVE 15900 NE 3RD AVE

NORTH MIAMI BEACH, FL 33162 N. MIAMI BCH, FL 33162

FEI Number: 20-1793502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOUSSAINT, ALLEN TOUSSAINT, ALLEN 15900 NE 3RD AVE. 15900 NE 3RD AVE.

N. MIAMI BCH, FL 33162 US NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: ALLEN TOUSSAINT 12/01/2005

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

TOUSSAINT, ALLEN TOUSSAINT, ALLEN Name: Name: 15900 NE 3RD AVE. 15900 NE 3RD AVE. Address: Address:

City-St-Zip: N. MIAMI BCH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Delete Title: MGR () Change (X) Addition

BEHARRIE, SHIRLEY M Name: Name: Address: Address: 1280 SW 101 TERRACE PEMBROKE PINES, FL 33025 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN TOUSSAINT PD 12/01/2005