



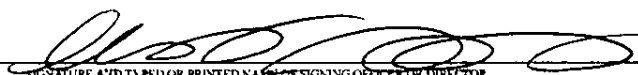
Sunday, November 08, 2009
7:07 PM

FILED

09 NOV -12- AM 10: 59

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD5000026509			
1. Corporation Name 21st Century Mortgage Bankers & Real Estate Investment Corporation			
2. Principal Office Address- No P.O. Box # 777 S Flagler Dr Suite, Apt. #, etc. Suite # 800 City & State West Palm Beach, FL Zip 33401 W. P.B.		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 2/21/2005		5. FEI Number 27-1268475 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 additional fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name PSP International Inc			
Street Address (P.O. Box Number is Not Acceptable) 777 S Flagler Dr			
Suite, Apt. #, Etc. Suite # 800			
City West Palm Beach		State FL	Zip Code 33401
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.			
Signature of Registered Agent 		Date 11/4/2009	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each officer and/or Director	City/State/Zip
D	Emmanuel Babajide	777 S Flagler Drive	West Palm Beach 33401
10. E-mail Address: 21stcenturyconsultingcorp@gmail.com (To be used for future annual report notifications)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: 		Date 11/4/2009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Lifetime Period	

REINSTATEMENT 07-09

700162796827
11/13/09--01010--026 **158.75
700162796827
11/13/09--01010--025 **300.00
CR21081 (10/09)

☒ 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.

02/11/13

\$458.75