2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -6 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000104171

1. Entity Name
IMACKIE MORTGAGE CREDIT SOLUTIONS INC.

REINSTATEMENT (FEB 2005) (11/05)

Principal Place of Business	Mailing Address
451 NW 135 WAY PLANTATION, FL 33325 US	451 NW 135 WAY PLANTATION, FL 33325 US

2. Principal Place of Business	3. Mailing Address
12717 W. Sunrise Blvd	12717 W. Sunrise Blvd
Suite, Apt. #, etc.: #213	Suite, Apt. #, etc.: #213
City & State: Sunrise, FL.	City & State: Sunrise, FL.
Zip: 33323 Country: US	Zip: 33323. Country: U.S.

4. FEI Number: 38-3720799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JCHPA REGISTERED AGENTS INC.
2730 SW 3 AVENUE
SUITE 401
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name: Siegelaub & Assoc., P.A.
Street Address (P.O. Box Number is Not Acceptable): 5975 W. Sunrise Blvd, Ste. 216
City: Sunrise FL Zip Code: 33313

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: Laurence M Siegelaub 11-1-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	PSTD MACKIE, EMILY I 451 NW 135 WAY PLANTATION, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mackie, E. India 12717 W. Sunrise Blvd, #213 Sunrise, FL., 33323 ☑ Change ☐ Addition
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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: [signature] 11-1-06 (954) 236-2815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel NOV 07 2006