

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000104171

**FILED**  
**Oct 24, 2007**  
**Secretary of State**

**Entity Name:** IMACKIE MORTGAGE CREDIT SOLUTIONS INC.

**Current Principal Place of Business:**

12717 W. SUNRISE BLVD.  
#213  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

8201 PETERS ROAD  
1000  
PLANTATION, FL 33324 US

**Current Mailing Address:**

12717 W. SUNRISE BLVD.  
#213  
SUNRISE, FL 33323 US

**New Mailing Address:**

8201 PETERS ROAD  
1000  
PLANTATION, FL 33324 US

**FEI Number:** 38-3720799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIEGELAUB & ASSOCIATES, P.A.  
5975 W. SUNRISE BLVD., STE. 216  
SUNRISE, FL 33313 US

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

MACKIE, JUSTIN F MR  
8201 PETERS ROAD  
1000  
PLANTATION, FL 33324 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: JUSTIN MACKIE

10/24/2007

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:**

Title: PSTD ( ) Delete  
Name: MACKIE, E. INDIA  
Address: 12717 W. SUNRISE BLVD., #213  
City-St-Zip: SUNRISE, FL 33323 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: MACKIE, INDIA E MRS  
Address: 8201 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: INDIA MACKIE

PSTD

10/24/2007

Electronic Signature of Signing Officer or Director

Date