PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JAN 13 A 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000163436

1. Corporation Name

ROYAL MORTGAGE LENDING, INC.

~~W08 56584~~

REINSTATEMENT 07-08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8551 WEST SUNRISE BLVD		8551 WEST SUNRISE BLVD	
Suite, Apt. #, etc		Suite, Apt. #, etc	
200		200	
City & State		City & State	
PLANTATION, FLORIDA		PLANTATION, FLORIDA	
Zip	Country	Zip	Country
33322	United States	33322	United States

4. Date Incorporated or Qualified To Do Business in Florida 1-1-2006

5. FEI Number 223919083 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA PA

Street Address (P.O. Box Number is Not Acceptable)
1840 SW 22 STREET

Suite, Apt. #, Etc.
4TH FLOOR

City: MIAMI | State: FL | Zip Code: 33145

☑ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 12/17/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MARIE PIERRE	8551 WEST SUNRISE BLVD	PLANTATION, FLORIDA
SD	JOHN FISHER	8551 WEST SUNRISE BLVD	PLANTATION, FLORIDA

200143346582
02/11/09--01005--025 **300.00

10. *I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: _____ 12/17/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #