PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | 1.001 | 0110 | , BEI ONE C | - | | |
|---------------------------------------------------------|--------------------------------------|----------------|--------------------|-------------------------------------------------------------------------|---------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|
| CORPORATION REINSTATEMENT | | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | FILED 09 NOV 25 PM-2: 40 SECRETARY OF STATE TALLAHASSEE FLORIDA | | |
| DOCUMENT # P06000142020 1. Corporation Name | | | | | | | | TALI | AHASSEF FLORE | |
| SPEED MORTGAGE OF SOUTH FLORIDA, INC. | | | | | | | | | | |
| | | | | | | | | | | - D-n |
| | | | | | Office Address | | | REINSTATEMENT | | |
| | RAND C | OURSE | SAME | | | | 116511 | CR2E081 (11/09 |) | |
| Suite, Apt. #, etc. Suite, Ap | | | | | . #, etc. | | | Date Incorp | porated or Qualified | |
| City & State City & | | | | | / & State | | | | ness in Florida 11/13/20 |)06 |
| MIAMI SHORES, FL | | | | | | | | 5. FEI Number Applied For Not Applicable | | |
| zip 33138 | Country US | | Zip | | Count | ry | 6. CERTIFICATE | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fe for a Certificate of | | |
| | | 7. Name | and Address o | Current Regis | tered Agen | ıt | | | | |
| Name MARILYN HAWKINS | | | | | | | 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. | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| 749 GRAND CONCOURSE Suite, Apt. #, Etc. | | | | | | | | | | |
| | | | | | | | | | | |
| MIAMI SHORES | | | | | | State Zip Code FL 33138 | | | | |
| 8. I, being | g appointed the | e registered | agent of the abo | ve named corpo | ration, am f | amiliar v | with and accept the o | bligations of section | on 607.0505 or 617.0503, F.S. | |
| Signature of Registered Agent Han Ly REGISTERED AGENT N | | | | | | NT MUST SIGN | | | _{Date} <u>11/18/2009</u> | |
| 9. Name | s and Street Ad | ddresses of | | | | | rations must list at le | east 3 directors) | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Directo | | | | | City / Stat | e / Zip |
| Р | MARILYN HAWKINS | | | | 749 GRAND CONCOURSE | | | COURSE | MIAMI SHORE | S, FL 33138 |
| VP | JUAN DE DIOS REYES | | | | 749 GRAND CONCOURSE | | | MIAMI SHORE | S, FL 33138 | |
| | ! | | | | | | | | | |
| | | | | | 11 70 | | | 0163092447 /0901004010 **300.00 | | |
| | , | | <u> </u> | | | | <u>-</u> | 11/69 | (0201004 910 | *************************************** |
| | | | | | | | MA Service of the ser | | | |
| 10. F.m. | ail Addres | e MARI | LYNHAWKINS | @BELLSOU | TH NFT | | | | | |
| | | | | | (To | | or future annual rapor | | | |
| this rein | nstatement app | olication, the | e reason for disso | lution has been | eliminated, t | the corp | orate name satisfies | the requirements | pter 607 or 617, F.S. I further of section 607,0401 or 617,040 or my signature shall have the s | 01, F.S , that all fees |
| | inder oath. TURE:(\) | (Jan) | lan s | Hanh | , · | PRE | SIDENT | | 11/18/200 | 9 305-495-1622 |
| SIGNA | TURE. | / | SIGNATURE AND T | YPED OR PRINT | ED NAME OF | SIGNING | OFFICER OR DIRECT | TOR | Date | Daytime Phone # |

11 25 0