

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P35488

1. Corporation Name

DORAL MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

650 MUNOZ RIVERA AVE. SAN JUAN, P.R. 00918

P.O. BOX 2162 SAN JUAN, P.R. 00922

If above addresses are incorrect in any way line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include PD EDISON VELEZ, VAS PEDRO COLON, SD RICHARD F BONINI, CD SALOMON LEVIS, VP LUCILLE BENITEZ.

8. Name and Address of Current Registered Agent

9. Name and Address of Registered Agent

Name: Capital Connection, Inc. Street Address: 417 E. Virginia St. Suite, Apt. #, Etc

City: Tallahassee State: FL Zip Code: 32301

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

Signature of Registered Agent: Weimar Lopez for Capital Connection, Inc. 5/17/99 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No []

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(b), 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: Richard F. Bonini SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard F. Bonini

05-13-99 (787) 771-3901

REINSTATEMENT 09

\$8.75 Additional Fee required for a Certificate of Status

CREFORM 112 99