


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 NOV 28 PM 5:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P35488
 1. Corporation Name
DORAL MORTGAGE CORPORATION

Principal Place of Business Mailing Address
 650 MUNOZ RIVERA AVE. P.O. BOX 2162
 SAN JUAN, P.R. 00918 SAN JUAN, P.R. 00922
 PR



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/13/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		66-0365296	
Country		Country		Applied For	
USA		USA		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	VELEZ, EDISON	650 MUNOZ RIVERA AVENUE	HATO REY PR 00918
VAS	COLON, PEDRO	650 MUNOZ RIVERA AVENUE	HATO REY PR 00918
SD	BONINI, RICHARD F	650 MUNOZ RIVERA AVENUE	HATO REY PR 00918
CD	LEVIS, SALOMON	650 MUNOZ RIVERA AVENUE	HATO REY PR 00918
VP	BENITEZ, LUCILLE	4000 S.W. 60 COURT	MIAMI FL 33155
VP	VINA, CARLOS	650 MUNOZ RIVERA AVENUE	HATO REY PR 00918

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name	
		RICARDO MELENDEZ	
		Street Address (P.O. Box Number is Not Acceptable)	
		4000 S.W. 60 COURT	
		Suite, Apt. #, Etc.	
		500003493015-1	
		-12/11/00-01024-016	
		City	
		MIAMI	
		State	
		FL	
		Fees	
		\$8.75	

10. 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 *[Signature]* **SIGNATURE REQUIRED** Date *11/15/2000*
 REGISTERED AGENT MUST SIGN

11. 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)(i), 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: *[Signature]* **SIGNATURE REQUIRED** Date *11/15/00* 787-771-3939 Daytime Phone #

CARLOS VINA

CR2E040 (8/00)



DORAL MORTGAGE
CORPORATION

PAQR 2/2/02
PO35488

November 15, 2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

Please be advised that Doral Mortgage Corporation has never received the original form to maintain "active" status. Enclosed you will find the application for reinstatement signed by our registered agent as well as our officer. Please accept our check for the amount of \$150.00.

All correspondence should be forward to the following address:

DORAL MORTGAGE CORPORATION
ATT: RICARDO MELENDEZ
PO BOX 2162
SAN JUAN, PR 00922-2162

If you should have any questions regarding this matter, do not hesitate to call me at 787-771-3839.

Thank you.

Sincerely,

Ricardo Meléndez
Vice President & Chief Accounting Officer

Enclosure

RM/nt