

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
04 NOV 17 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35488

1. Corporation Name

DORAL MORTGAGE CORPORATION

Handwritten initials

REINSTATEMENT 03-04

2. Principal Office Address

Doral Mortgage Corp.

3. Mailing Office Address

Suite, Apt. #, etc.

P O Box 71528

Suite, Apt. #, etc.

1451 Roosevelt Ave.

City & State

San Juan, PR

City & State

San Juan, PR

Zip

00920-2717

Country

Zip

00936-8628

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/1991

5. FEI Number

66-036-5296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sergio L. Mendez, Esq.

Street Address (P.O. Box Number is Not Acceptable)

901 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite #304

City

Coral Gables

State

FL

Zip Code

33134

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

Handwritten signature of Sergio L. Mendez

REGISTERED AGENT MUST SIGN

Date **11/15/04**

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
CEO	Edison Vález	1451 Roosevelt Ave.	San Juan, PR 00920-2717
Pre.	Raúl Menéndez	1451 Roosevelt Ave.	San Juan, PR 00920-2717
Sec.	Fernando Rivera-Munich	1451 Roosevelt Ave.	San Juan, PR 00920-2717

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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 under section 119.07(3)(f), 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:

Handwritten signature of Fernando Rivera-Munich
Fernando Rivera-Munich, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/2004 (787)474-6380

Date

Daytime Phone #

SECRET 11/15/04