PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 11 PM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P (92000005156.

1. Corporation Name

FLORIDA MORTGAGE BANKERS HK INC

Principal Place of Business

13499 BISCAYNE BLVD MIAMI FLORIDA 33181
SUITE M 4

Mailing Address

REINSTATEMENT 93-94 7&P 5/11/99

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

2. New Principal Office Address, If Applicable
13499 BISCAYNE BLVD
Suite, Apt. #, etc
M 4
City & State
MIAMI FLORIDA
Zip
33181
Country
USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
9/17/92

5. FEI Number
65-0343544
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	HOWARD W. KNEPPER	13499 BISCAYNE BLVD SUITE M 4	MIAMI FLORIDA 33181

000001258812501--5
-05/19/99--01063--011
***1658.50 ***1658.50

8. Name and Address of Current Registered Agent

HOWARD W. KNEPPER
13499 BISCAYNE ~~MXX~~ BLVD SUITE M 4
MIAMI FLORIDA 33181

9. Name and Address of New Registered Agent

Name
HOWARD W. KNEPPER
Street Address (P.O. Box Number is Not Acceptable)
13499 BISCAYNE BLVD
Suite, Apt. #, Etc
M 4
City
MIAMI
State
FL
Zip Code
33181

CR2E040 (12/96)

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
REGISTERED AGENT MUST SIGN

Date 5/10/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [x] 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD W. KNEPPER

Date 5/10/99

Daytime Phone # 305-944-2325