

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 PM 12:13

DOCUMENT # *D92000014774*

1. Corporation Name

PAR MORTGAGE & INVESTMENT INC.

800025426548
12/11/03--01060--012 **150.00

REINSTATEMENT 03

2. Principal Office Address

24 Hearthstone Drive

Suite, Apt. #, etc.

3. Mailing Office Address

24 Hearthstone Drive

Suite, Apt. #, etc.

City & State

Asheville, N.C.

City & State

Asheville, N.C.

Zip

28803

Country

USA

Zip

28803

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/92

5. FEI Number

65-0427457

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

Harry Berkowitz

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

820 South Hollybrook Drive

Suite, Apt. #, Etc.

bldg 57 apt 102

City

Pembroke Pines

State

FL

Zip Code

33025

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

Harry Berkowitz

REGISTERED AGENT MUST SIGN

Date

12/4/03

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
Pres	Joel S. Berkowitz	24 Hearthstone Drive	Asheville, N.C. 28803
Sec/Tr	Deborah A. Bohan	24 Hearthstone Drive	Asheville, N.C. 28803

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)(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:

Joel S. Berkowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/03

1-828-650-6408

Daytime Phone #

CR2E081 (10/02)

24 Hearthstone Drive
Asheville, NC 28803-8403
Office: 828-650-6408
Fax: 828-650-2753
E-Mail: ParMtg@msn.com

Par Mortgage & Investment, Inc.

December 4, 2003

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

**RE: Par Mortgage & Investment, Inc.
Document #P92000014774**

To Whom It May Concern:

Per our phone conversation this morning, please find enclosed a check in the amount of \$150.00, as the reinstatement fee for Par Mortgage & Investment, Inc.

Unfortunately, we never received the 2003 Uniform Business Report state filing form at our new current address.

Thank you for your understanding and assistance.

Sincerely,



Joel S. Berkowitz
President

JSB/db

Cc: File