

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 14 PM 5:10

DOCUMENT # **P93000002021**

1 Corporation Name
TRANS-MUTUAL MORTGAGE BANKERS, INC

Principal Place of Business Mailing Address
**5040 N.W. 7TH ST. STE 700
 MIAMI, FL. 33126**

REINSTATEMENT **99**

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	
		3450 SW. 13th Court		01/06/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 FEI Number	
				65-0381246	
City & State		City & State		Applied For	
		MIAMI, FL.		Not Applicable	
Zip		Zip		6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		33175		<input checked="" type="checkbox"/> \$875 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GUSTAVO BENGACHEA JR.	3450 SW. 13th COURT	MIAMI, FL. 33175
D	GUSTAVO BENGACHEA SR.	5825 COLLINS AVE. APT 10-B	MIAMI BEACH, FL. 33140

900003020163-4
-10/21/99--01010-011
******750.00 ****750.00**
10/10/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GUSTAVO BENGACHEA SR. 5825 COLLINS AVE. APT. 10-B MIAMI BEACH, FL 33140		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: Date: **10/8/99**

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)(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: Date: **10/13/99** 307-864-8904 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRCE081 (12/98)