PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

94-96

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

APPROVED AND FILED

96 AUG 16 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011460

1 Corporation Name
FIRST INVESTORS MORTGAGE CORP.

Principal Place of Business
1521 NW 180 WAY
PEMBROKE PINES, FL
33029

Mailing Address
SAME

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
SAME
Suite, Apt. #, etc. —
City & State —
Zip — Country —

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

4 Date Incorporated or Qualified To Do Business in Florida
2/9/93

5 FEI Number
65-0385139
Applied For
Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

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
DIRECTOR	GENE P. SIEBRIST	1521 NW 180 WAY	PEMBROKE PINES FL 33029

000001926760
-08/20/96--01106--009
****775.00 ****775.00

94-96

REINSTATEMENT

B. Calaw
8-16-96

8 Name and Address of Current Registered Agent
GENE P. SIEBRIST
1521 NW 180 WAY
PEMBROKE PINES FL
33029

9 Name and Address of New Registered Agent
Name
GENE P. SIEBRIST
Street Address (P.O. Box Number is Not Acceptable)
1521 NW 180 WAY
Suite, Apt. #, Etc.
City
PEMBROKE PINES
State FL
Zip Code 33029

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'S SIGNATURE
Date 8/13/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations and any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. The statement indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

8/13/96

SIGNATURE
GENE P. SIEBRIST 305-450-1163
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #