

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P93000058034

1. Corporation Name

Mortgage U.S.A., Inc.

2. Principal Office Address

444 Brickell Ave

Suite, Apt. #, etc.

Suite P16

City & State

Miami, FL

Zip

33131

Country

U.S.

3. Mailing Office Address

444 Brickell Ave

Suite, Apt. #, etc.

Suite P16

City & State

Miami, FL

Zip

33131

Country

U.S.

REINSTATEMENT

98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/93

SP

5. FEI Number

☒ 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

Isilio Arriaga

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

444 Brickell Ave

Suite, Apt. #, Etc.

Suite P-16

City

Miami

State
FL

Zip Code
33131

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08/24/00--01090--003

***1058.75 ***1058.75

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

REGISTERED AGENT MUST SIGN

Date 8/08/00

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| | Isilio Arriaga | 444 Brickell Ave., Suite P16 | Miami, FL 33131 |
| /S/D | Luis E. Vazquez | 444 Brickell Ave., Suite P16 | Miami, FL 33131 |
| /D | Pablo Urbano | 444 Brickell Ave., Suite P16 | Miami, FL 33131 |
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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)(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:

Luis E. Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/08/00

Date

305-960-2125

Daytime Phone #