. PLEASE READ	ALL INSTRUCTIONS	BEFORE COMPL	ETING THIS FORM.≸ タルメック
APPLICATION FOR	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S	tham	FILED
REINSTATEMENT	DIVISION OF CORPOR	RATIONS	97 MAR 17 PM 2:23
DOCUMENT # P930000	764908	ļ	
1. Corporation Name PRESTIGE MORTGAGE	PROCESSING, -	Tuc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
1460 W 68 St.			· · · · · · · · · · · · · · · · · · ·
Hialeah, H. 33014			INSTATEMENT AL- GA
## 14 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			ncorporated or Qualified
1460 W 68 St SAME Suite, Apt #, etc. 7/ Suite, Apt #, etc.			Business in Florida
HiALEAH, H.	City & State	5. FEI Nu	5-0435644 Applied For Not Applied be
33014 Country USA	Zip Countr	6. CERTIF	FICATE OF STATUS DESIRED S8.75 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) Name of Officers. Street Address of Each			
Title(s) and/or Directors Officer and/or Director City / State / Zip 1 2 (Do NOT Use Post Office Box Numbers) 4			
PRES. MIRIAM B. CALERO 18750 NW 24 CT. PEMBEOKE PINES,			
PRES. MIRIAM B. CALERO 18750 NW 24 CT. PEMBROKE PINES. SEC. GUILLERMO A. CALERO 18750 NW 24 CT. PEMBROKE PINES 76. 33029			
SEC. Guillermo A. CA.	LERO 18750 N	W 24CT.	76. 33029
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			8000021178282
			-03/19/9701053012 ****323.75 ****923.75
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			JB 2-17-97
8. Name and Address of Current Registered Agent Name			and Address of New Registered Agent
MIRIAM B. CALERO		Street Address (P.O. Box Nu	mber is Not Acceptable)
118750 NW 24 Ct. PEMBEOKE PINES, 71.		Suite, Apt. #, Etc.	
PEM DEOTIE TIMES,	33029	City	State Zip Code
10. I, being appointed the registered agent of the above	ve named corporation, am familiar w	I th and accept the obligations of	
Signature of Hegistered Agent Date 3)12/97 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No V (See other side for information on intangible tax.)			
12. Locality that Lam 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 Date Date Dayling Phone #			