


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 01 AUG 15 PM 1:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000008973**

1. Corporation Name  
**International Mortgage Investors, Inc.**  
**770 Ponce de Leon Boulevard**  
**Coral Gables, FL 33134 #200**

2. Principal Office Address  
**770 Ponce de Leon Blvd**

3. Mailing Office Address

Suite, Apt. #, etc.  
**200**

City & State  
**Coral Gables, FL 33134**

City & State

Zip  
**33134**

Country  
**DADE**

Zip

Country

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**65-0484802**

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 **Robert F. Quintero** **500004586155-1**  
**-03/12/01-01068-021**  
**\*\*\*900.00 \*\*\*300.00**

Street Address (P.O. Box Number is Not Acceptable)  
**770 Ponce de Leon Boulevard**

Suite, Apt. #, Etc.  
**200**

City  
**Coral Gables**

State  
**FL**

Zip Code  
**33134**

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 **Robert F. Quintero** Date **June 10, 2007**  
 REGISTERED AGENT MUST SIGN

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.	Robert F. Quintero	770 Ponce de Leon Blvd.	Coral Gables FL 33134
VP	Arnold Faze, jr.	770 Ponce de Leon Blvd.	Coral Gables, FL 33134
Chairman CEO	Robert F. Quintero	770 Ponce de Leon Blvd.	Coral Gables, FL 33134

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: **Robert F. Quintero** Date **June 10, 2007** Daytime Phone # **992 3887 305 365 9015**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)