

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 24 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2002-2003
4017

DOCUMENT # P94000008973

1. Corporation Name
INTERNATIONAL MORTGAGE INVESTORS, INC.

2. Principal Office Address
240 CRANDON BOULEVARD

3. Mailing Office Address
240 CRANDON BOULEVARD

Suite, Apt. #, etc.
4430

Suite, Apt. #, etc.
4430

City & State
Key Biscayne, FL

City & State
Key Biscayne, FL

Zip Country
33149 USA

Zip Country
33149 USA

4. Date Incorporated or Qualified To Do Business in Florida 1994

5. FEI Number 05-0484802

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

0203

7. Name and Address of Current Registered Agent

Name ROBERT F. QUINTERO

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

Suite, Apt. #, Etc.
4430

City KEY BISCAINE

200014452362
03/24/03--01008--005 **300.00

State Zip Code
FL 33149

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 MARCH 12, 2003

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
CHAIRMAN CEO PRESIDENT	ROBERT F. QUINTERO	240 CRANDON BOULEVARD	KEY BISCAINE, FL 33149

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2003
Date

305-423-4430
Daytime Phone #

CR2E081 (10/02)

IMI

International Mortgage Investors

Real Estate Finance • Corporate Finance • Private Placements

info@i-imi.com
http://www.i-imi.com



March 13, 2003

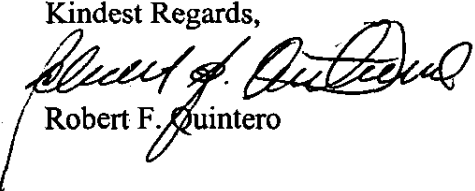
Florida Department of State
Secretary of State
Division of Corporations

Re: Corporation Reinstatement

To Whom It May Concern:

The reason for my filing the reinstatement is because of a failure of receipt of the renewal documents from your department. I am requesting the fee for reinstatement be waived and I am sending your department a check totaling the amount of \$300.00. Thank you for your consideration and understanding.

Kindest Regards,


Robert F. Quintero

2052

240 Crandon Boulevard
Ste #4430
Key Biscayne, Florida 33149

Ph. 305. 423.4430
Fax. 305. 361.1388
Cell. 305. 206.6700