

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="text-align: left;"> 96 DEC -2 AM 8:50 SECRETARY OF STATE TALLAHASSEE FLORIDA </div>	
DOCUMENT # <u>995000003421</u> 1. Corporation Name <p style="text-align: center;">Sunpointe Mortgage Corporation</p>					
Principal Place of Business 6918 Stirling Road Hollywood, FL 33024		Mailing Address 6918 Stirling Road Hollywood, FL 33024			
REINSTATEMENT					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 6918 Stirling Road		3. New Mailing Address, If Applicable (SAME)		4. Date Incorporated or Qualified To Do Business in Florida 01/12/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0544913	
City & State Hollywood, FL 33024		City & State		Applied For Not Applicable	
Zip 33024	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
Pres.	Doron A. Rachman	6918 Stirling Road	Hollywood, FL 33024		
G.M.	Lawrence M. Fontana	6918 Stirling Road	Hollywood, FL 33024		
8. Name and Address of Current Registered Agent Corporation Information Services 1201 Hays Street Tallahassee, FL 32301		9. Name and Address of New Registered Agent Name Doron A. Rachman Street Address (P.O. Box Number is Not Acceptable) 6918 Stirling Road Suite, Apt. #, Etc. City Hollywood State FL Zip Code 33024			
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 <u>[Signature]</u> Date <u>11/19/96</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>11/19/96</u>		Daytime Phone # <u>(954) 985-8595</u>	

CR2040 (12/95)