

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 97 NOV 10 AM 9:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # *PA5000007589*

1. Corporation Name  
**NATIONAL MORTGAGE ACCEPTANCE CORP.**

Principal Place of Business Mailing Address  
**100 SE 8th Avenue  
 Fort Lauderdale, FL 33301**

**REINSTATEMENT 97**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>Same</b>		3. New Mailing Office Address, If Applicable <b>Same</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>1/30/95</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>650550705</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	John A. Parker	100 SE 8th Avenue	Ft. Lauderdale. Fl 33301

~~800002346818-6~~  
~~11713797-01089-003~~  
 \*\*\*\*758.75 \*\*\*\*758.75

*JP  
 11/3-97*

8. Name and Address of Current Registered Agent <b>James Iannaccone          800 East Broward Blvd.          Suite 510          Fort Lauderdale, FL 33301</b>		9. Name and Address of New Registered Agent Name <b>John A. Parker</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 SE 8th Avenue</b> Suite, Apt. #, Etc. City <b>Ft. Lauderdale</b> State <b>FL</b> Zip Code <b>33301</b>	
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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 *[Signature]* REGISTERED AGENT MUST SIGN Date **22 October 97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *[Signature]* **John A. Parker** Date **22 October 97** (954)768-9700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (1/2/96)