

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

98 FEB -6 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000029483**  
1. Corporation Name  
**FIRST SERVICE MORTGAGE CORPORATION**

Principal Place of Business Mailing Address  
1225 S.W. 87TH AVENUE 1225 S.W. 87TH AVENUE  
MIAMI FL 33174 MIAMI FL 33174



**REINSTATEMENT 97-98**

If 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 11255 SW 29 ST		Suite, Apt. #, etc. 11255 SW 29 ST		04/14/1995	
City & State MIAMI FLORIDA		City & State MIAMI FL.		5. FEI Number 65-0578514	
Zip 33165 Country Dade		Zip 33105 Country Dade		Applied For Not Applicable	
				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
<del>D</del>	<del>FAMADA, MARIO</del>	<del>1225 S.W. 87TH AVENUE</del>	<del>MIAMI FL 33174</del>
D	Lilia Famada	11255 SW 29 ST.	MIAMI, FL 33165
			2/10/98
			100002428151-0 -02/11/98--01099--007 ***585.00 ***585.00
			100002428151-0 -02/11/98--01099--008 ***585.00 ***585.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FAMADA, MARIO 1225 S.W. 87TH AVENUE MIAMI FL 33174		Name LILIA FAMADA Street Address (P.O. Box Number is Not Acceptable) 11255 SW 29 ST. Suite, Apt. #, Etc. MIAMI City MIAMI State FL Zip Code 33165	

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 *Lilia Famada* Date 12-31-97  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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: *Lilia Famada* LILIA FAMADA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 12/31/97 (305) 5536910  
Daytime Phone #

CR2E040 (8/97)