

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Office of the Secretary  
Division of Corporations

FILED

01 JAN -9 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 950000 36043**

1. Corporation Name

**MORTGAGE LENDING CORPORATION OF  
AMERICA, INC.**

2. Principal Office Address

**3155 N 39TH ST**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FL**

Zip

**33021**

Country

3. Mailing Office Address

**2514 HOLLYWOOD BLVD**

Suite, Apt. #, etc.

**SUITE # 508**

City & State

**HOLLYWOOD, FL**

Zip

**33020**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/3/95**

5. FEI Number

**65-0580588**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**NALCOLN RESNICK**

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

**3155 N 39TH STREET**

Suite, Apt. #, Etc.

City

**HOLLYWOOD**

State  
**FL**

Zip Code

**33021**

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

*[Signature]*

Date **12/12/00**

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
<b>D</b>	<b>RESNICK, NALCOLN</b>	<b>3155 N 39TH ST</b>	<b>HOLLYWOOD, FL 33021</b>

**SP**

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/12/00**

Date

Daytime Phone #

CR2E081 (9/99)

292

December 12, 2000

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Mortgage Lending Corporation of America, Inc.**

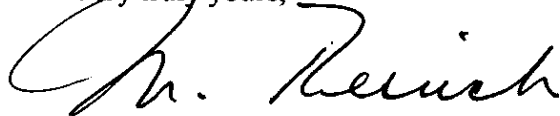
To Whom It May Concern:

Please be advised that the above-mentioned Company changed its mailing address during the course of 2000, accordingly, we did not receive any notices or forms at either the old or new address regarding the filing of the Corporate Annual Report.

Enclosed please find a check in the amount of \$150 for payment of the annual registration fee. We further respectfully request that you waive the assessed late fees.

We apologize for any inconvenience caused and thank you for your understanding in this matter.

Very truly yours,



Registered Agent