

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 MORTGAGE LENDING CORPORATION

FILED

98 APR -8 AM 11:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P950000 78762

1. Corporation Name
 LTV MORTGAGE + LOAN FUNDING CORP

Principal Place of Business Mailing Address
 2101 CORPORATE BLVD N.W. #315
 Boca Raton, F.L. 33431

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

2. New Principal Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10-10-95

5. FEI Number 65-0612589 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
President OWNER 10070	Scott Leventhal	2101 CORPORATE BLVD N.W. #315	Boca Raton, F.L. 33431

8/18/98

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 ****315.00 ****315.00

8. Name and Address of Current Registered Agent
 Scott Leventhal
 2101 CORPORATE BLVD N.W.
 Boca Raton, F.L. 33431 #315

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 REGISTERED AGENT MUST SIGN Date 3-30-98

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)(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: Scott Leventhal President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 3-30-98 (561) 989-8950
 Daytime Phone #

CR2500 (1/98)

LTV MORTGAGE AND LOAN FUNDING CORPORATION
2101 CORPORATE BLVD, N.W., SUITE 315
BOCA RATON, FL 33431
TEL: (561) 989-8950, FAX: (561) 989-9059

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March 31, 1998

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find the completed Application for Reinstatement form along with a check for \$315.00.

At this time I would like to request to have the penalty for late filing waived for the 1997 annual report. Due to a change of address that did not have a forwarding address I never received a pre-printed form. My office has already called the Department of State explaining the situation.

I appreciate you help in this matter.

Sincerely,



Scott E. Leventhal
President