

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND

02 MAY 24 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA6000035783

1. Corporation Name

MEC MORTGAGE CENTER INC

2. Principal Office Address

1900 W COMMERCIAL BL

Suite, Apt. #, etc.

100

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

1900 W COMMERCIAL BL

Suite, Apt. #, etc.

100

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

REINSTATEMENT

1999-2002

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0665617

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM CORNER

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

1900 W COMMERCIAL BL

Suite, Apt. #, Etc.

100

City

Fort Lauderdale

State

FL

Zip Code

33309

200005863942--6

06/19/02-01063-012

***1200.00 ***1200.00

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]

REGISTERED AGENT MUST SIGN

Date

3/8/02

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
<u>Pres</u>	<u>WILLIAM CORNER</u>	<u>1900 W COMMERCIAL BL #100</u>	<u>Fort Laud, FL 33309</u>
<u>Secretary</u>	<u>LATRECE JUMIS</u>	<u>1900 W COMMERCIAL BL #100</u>	<u>Fort Lauderdale, FL 33309</u>
			<u>1050.00-Adm</u>
			<u>61.25-ARL</u>
			<u>88.75-ARSLUP</u>

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:

WILLIAM CORNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

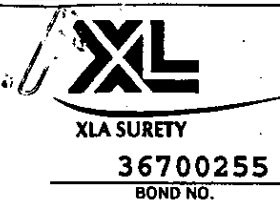
3/8/02

Date

9549312941

Daytime Phone #

CR2E081 (9/01)



XL Specialty Insurance Company
1450 East American Lane • 20th Floor
Schaumburg, Illinois 60173-5458
1-800-394-3924

CONTINUATION CERTIFICATE

IN CONSIDERATION OF payment of premium, XL Specialty Insurance Company, hereby continues in force the above-referenced bond, further described as follows:

Bond Amount Ten Thousand And 00/100's Dollars
(\$ *****\$10,000.00)

hereinafter referred to as Principal, { **MEG Mortgage Center**
4752 West Commerical Blvd, Tamarac, FL 33319

hereinafter referred to as Obligor, { **State of FL Dept of Banking & Finance - Office of Comptrol**
101 E. Gaines Street, Tallahassee, FL 32399-0350

For the Period;

1st day of December, 2001
Beginning Date

1st day of December, 2002
Ending Date

Subject to all covenants and conditions as set forth and expressed in said bond heretofore issued on the;

1st day of December, 1998

This Continuation Certificate is executed upon the express condition that the Company's liability under the said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed, sealed and dated this 1st day of December, 2001



XL Specialty Insurance Company
By: Denise Hernet
(Attorney-in-fact)

DENISE HERNET
(Name typed)