


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT <i>UBR</i>				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>96000041654</i>					
1. Corporation Name <i>Mortgage for All INC</i>					
2. Principal Office Address <i>900 WEST 49 ST</i> Suite, Apt. #, etc. <i># 315</i> City & State <i>Hialeah FL</i> Zip <i>33012</i>			3. Mailing Office Address <i>SAME</i> Suite, Apt. #, etc. City & State Zip Country		

FILED

01 SEP 18 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-01 UBR

4. Date Incorporated or Qualified To Do Business in Florida <i>1996</i>	
5. FEI Number <i>65-0665768</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <i>GRICEL VIVES</i>	<i>700004610077-5</i>
Street Address (P.O. Box Number is Not Acceptable) <i>900 WEST 49 STREET</i>	
Suite, Apt. #, Etc. <i>#315</i>	
City <i>Hialeah</i>	State <i>FL</i>
Zip Code <i>33012</i>	

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 *9-12-01*

---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
<i>PD</i>	<i>GRICEL VIVES</i>	<i>900 WEST 49 ST</i>	<i>Hialeah FL 33012</i>

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]* Date *9/12/01* Daytime Phone # *(305) 895-8404*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR