

CAPITAL CONNECTION

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11/01 '01 15:31 NO.946 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 NOV -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA500004698615--9
-11/29/01--01058--013
****750.00 ****750.00**REINSTATEMENT** 2001

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000079258			
1. Corporation Name MAGIC CITY MORTGAGE Corp.			
2. Principal Office Address 8181 N.W. 36TH STREET		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 20-A		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33166	Country USA	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida 9/24/96	
5. FEI Number 65-0705349	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ 13.75 Additional fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name LOUIS M. HILMAN-WALKER, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 10 N.W. LeJUNE Rd.	
Suite, Apt. #, Etc. Suite 600	
City MIAMI	State / Zip Code FL 33126

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

Date

11/6/01

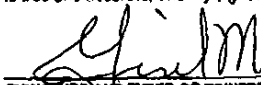
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/ST	GISEL MARQUEZ	8181 NW 36TH ST. #20-A	MIAMI FL 33166

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GISEL MARQUEZ**11/6/01 (305) 513-3737**

Date

Daytime Phone #