CAPITAL CONNECTION 850 222 1222 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, FLORIDA

CORPORATION REINSTATEMENT

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

500004698615--9
-11/29/01--01058--013
****750.00 ****750.00

DOCUMENT # P96000079258

REINSTATEMENT 2001

1. Corporation Name
MAGIC City MORTGAGE Corp.

2. Principal Office Address	3. Mailing Office Address
8181 N.W. 36TH STREET	
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 ☐ $8.75 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. LeJeune Rd.
Suite, Apt. #, Etc.: Suite 600
City: MIAMI State: FL Zip Code: 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/S/T	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)(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: _____ Gisel MARQUEZ 11/6/01 (305) 513-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #