


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P96000079258			
<b>1. Corporation Name</b> MAGIC City Mortgage Corp			
<b>2. Principal Office Address</b> 8181 N.W. 36 <sup>TH</sup> ST. Suite, Apt. #, etc. 20-A 28		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State MIAMI, FL Zip 33166 Country USA	

FILED  
04 JUN 10 PM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/10/04--01077--015 \*\*1050.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/24/96	
<b>5. FEI Number</b> 65-0705349	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name Louis M. Hillman-Walker	
Street Address (P.O. Box Number is Not Acceptable) 3006 AVIATION AVE. REINSTATEMENT 02-04	
Suite, Apt. #, Etc. PH 4-C	
City COCONUT GROVE	State FL Zip Code 33133

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

6-3-04

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/1/2/1	RAUL MARQUEZ	8181 N.W. 36 <sup>TH</sup> ST. Suite 20A	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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-04

Date

305-513-3737

Daytime Phone #

CR2E081 (01/04)