PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

MUTUAL MORTGAGE & INVESTMENT, CORP.

Principal Place of Business

Mailing Address

1001 NE 125TH ST STE 109

1001 NE 125TH ST STE 109

STE 201

NO MIAMI FL 33161

NO MIAMI FL 33161 US

US

STE 201

REINSTATEMENT

FILED

99 DEC 30 PM 2: 41

SECRETARY OF STATE-TALLAHASSEE, FLORIDA

| If above addresses are incorrect in any way, line th | rough incorrect information and enter correction below | Fuld of the company of the | |
|--|--|--|----------------------------|
| 2. New Principal Office Address #Applicable | 3. New Mailing Office Address I Applicable | Date Incorporated or Qualified To Do Business in Florida | /18/1996 |
| Suite Apt. #, etc. | Suite, Apt. #_etc | 5. FEI Number | Applied For |
| City & State + | City & State | 65-0714652 | Not Applicable |
| Zip Country C | Zipo ZO Country do | | 75 Additional Fee required |

| 3313 | 38 BOOK 3310 | 08 0000 | ibi a Certificate Of Status |
|----------|---|--|-------------------------------------|
| 7. Names | and Street Addresses of Each Officer and/or Director (F | florida nonprofit corporations must list at least 3 directors) | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| PVST | JUSTIZ, PEGGY J | 1001 NE 125TH ST., STE. 104 | NO MIAMI FL |
| D | JUSTIZ, PEGGY J | 1001 NE 125TH ST STE 109 | NO MIAMI FL 33161 |
| 3.131 | | | |
| | | 7 | 000030991775 -01/14/00-01072-023 |
| | | . , | ****758.75 ****758.75 |
| | | | 841, |
| | 8. Name and Address of Current Registered A | | d Address of New Registered Agent |
| | | Name | |

JUSTIZ, PEGGY 1001 NE 125TH ST STE 201

NO MIAMI FL 33161

 ωm_1 tion, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the

Signature of Registered Agent

SIGN

11. I certify that I am an officer or director or the receiver of 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.