	PLEASE READ ALL INS	STRUCTIONS BEFORE	COMPLETING T	HIS FORM.		
API REIN	PILLO	DA DEPARTMENT OF STAT Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SEGRETARY NVISION OF GO	ED OF STATE DRPAPATIONS		
DOCUMENT # P97000005065 1. Corporation Name				01 OCT 17 PM 4: 25		
•	MORTGAGE, INC.					
123 4 SE 7 0	Mailing And LOURT 1520 SE 41 Ct. 1234 SE 7 DEERFIELD					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite Apt # etc.			Date Incorporated or Qualified To Do Business in Florida 01/13/1997			
-1520 Crip State Deer	SE 4th Court 1520 Field Beach FL Deer	Held Beach ,FL	-5. FEI Number 65-072	THOI APP	olicable	
Zip 33	and Street Addresses of Each Officer and/or Director (3441 Country	CERTIFICATE OF STATU	S DESIRED For a Certificate of S		
Title(s)	Name of Officers Stree		Address of Each rand/or Director City / State / Zip			
PD	KISER, KAREN 1234 SE 7 CT		DEERFIELD BCH FL 33441			
			2000 -1 *	04654582 0/26/0101032012 ***150.00 ****150.	00	
				10/24		
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
1234 S	KAREN E 7TH COURT		Street Address (P.O. Box Number is Not Acceptable)			
DEERF	ELD BEACH FL 33441-5869	Suite, Apt. #, E	Suite, Apt. #, Etc. City State Zip Code			
10. I, being Signature o Registered	Agent	Proporation, am familiar with and accept the Agent Must sign	e obligations of Section 607.050			

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01 (954)426-0621

Daytime Phone

CR2E040 (8/

Division of Corporations Annual Report / Reinstatement Section P.O. Box 6327 Tallahassee, FL 32311-6327

October 12, 2001

Dear-Sir or Madame,

I respectfully request that you consider accepting my filing fee late without the reinstatement fee.

I swear and certify that the first notice I received was this one on October 12, 2001 telling me my corporation had been dissolved or revoked. No previous notice came o me.

October 10, 2000 I moved for the first time in twenty-one years. All mail has been forwarded, but nothing from the Division of Corporations. My city and county licnese renewals have all forwarded to me and I have paid them immediately upon notice. The issue here is I never received notice until it was too late. I notice that this mailed to me new address (see enclosure). I think that perhaps the previous notice(s) were returned to your department.

I have always paid this immediately upon notification. Unfortunately this year the only notification I received was the revocation notice. Please accept my filing fee without the penalty.

Thank you.

Karen Kiser