


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 NOV 16 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 997000007779 <small>1. Corporation Name</small> Ponce Mortgage, Inc.					
<small>Principal Place of Business</small> 1830 Ponce de Leon Blvd Coral Gables, FL 33134				<small>Mailing Address</small> <u>Same</u>	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
<small>2. New Principal Office Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country		<small>3. New Mailing Office Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country		<small>4. Date Incorporated or Qualified To Do Business In Florida</small> 11/27/97 <small>5. FEI Number</small> X-65-0722237 <small>6. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<small>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small>					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City	State	Zip
PS, T+D	Frank Rodriguez	1830 Ponce de Leon Blvd.	Coral Gables	FL	33134
D	William Ray Bow	Same	Same	Same	Same
O	Jose Segarra	Same	Same	Same	Same
O	Stephen Braun	Same	Same	Same	Same
REINSTATEMENT <u>98</u>					
98 11-20-98					
<small>8. Name and Address of Current Registered Agent</small> Armand Lamyar Chantaras 343 Almaraz Avenue Coral Gables, FL 33134			<small>9. Name and Address of New Registered Agent</small> Name: DRAGO M. GLASSBERG Street Address (P.O. Box Number is Not Acceptable): 1570 MARQUESA AVE. E Suite, Apt. # Etc.: 211 City: CORAL GABLES State: FL Zip Code: 33146		
<small>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</small> Signature of Registered Agent: <u>[Signature]</u> DRAGO M. GLASSBERG Date: 11/10/98 <small>REGISTERED AGENT MUST SIGN</small>					
<small>11. This corporation owes or owes the current year Intangible Personal Property tax due June 30.</small> Mayes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>(See other side for information on intangible tax.)</small>					
<small>12. 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.</small>					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/10/98 (305) 443-0111 <small>Date Daytime Phone #</small>		

CR2040 (1/98)