PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 FEB 20 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000044501**

1. Corporation Name **THE MORTGAGE CENTER OF AMERICA, INC.**

6151 MIRAMAR PARKWAY
MIRAMAR, FLORIDA 33024

2. Principal Office Address	3. Mailing Office Address
6151 MIRAMAR PARKWAY	**SAME**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: **MIRAMAR, FLORIDA**	City & State
Zip: **33024** Country: **U.S**	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: **05/20/1997**

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

700003782447--4
-02/27/01--01061--018
***1208.75 ***208.75

Name: NOEL PERKINS

Street Address (P.O. Box Number is Not Acceptable): 6151 MIRAMAR PARKWAY

98-01

Suite, Apt. #, Etc.:

City: MIRAMAR | State: FL | Zip Code: 33024

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: Noel Perkins — REGISTERED AGENT MUST SIGN

Date: 02/12/2001

CR2E-081 (10-96)

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
PRSS	FRANTZ BRUNO	6151 MIRAMAR PARKWAY	MIRAMAR, FLORIDA 33024
V-P	JEAN RONALD VIELOT	6151 MIRAMAR PARKWAY	MIRAMAR, FLORIDA 33024
SECT	CARLEN C. BRUNO	6151 MIRAMAR PARKWAY	MIRAMAR, FLORIDA 33024
TRASR	ROLAND RAYMOND	6151 MIRAMAR PARKWAY	MIRAMAR, FLORIDA 33024
CHAIR	ROBERT L. DOUYON	6151 MIRAMAR PARKWAY	MIRAMAR, FLORIDA 33024
CREDT	HERIBERTO PEREZ VALDES	6151 MIRAMAR PARKWAY	MIRAMAR, FLORIDA 33024
D	NOEL PERKINS	6151 MIRAMAR PARKWAY	MIRAMAR, FLORIDA 33024

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: Noel Perkins — NOEL PERKINS Director — 02/12/2001 — 800-500-7330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #