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			in a second		
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
CHI DO	FLORIDA DEPARTMENT OF STATE	AND			
CORPORATION Katherine Harris		f Parks			
REINSTATEMENT	Secretary of State	01 SEP 14 AM 8: 19	Maria da		
THE WE TANK	DIVISION OF CORPORATIONS	OT OEL 14 MILOTE	NIG SILV		
DOCUMENT # 1297000044501		SECRETARY OF STATE FALL AHASSEE, FLOPIO?			
1. Corporation Name	7041701	TALLAHASSEE, FLOPUS			
THE MORTGAGE CENTER OF			1		
AMERICA, INC	CENTER OF		in the second		
THERETOH, INC			Granna.		, i li l
			New York		
2. Principal Office Address 588 NW ISI ST 50	3. Mailing Office Address		of the second	1	
5 881 NW 1S1 ST 201 15476 NW 77 CT Suite, Apt. #, etc.		_	Market St.		
202	# 298	4. Date Incorporated or Qualified	7 6		
City & State City & State		To Do Business in Florida MAY 2 199 7			
MIAMI LAKES	MIAMI LAKES	5. FEI Number Applied For			
Zip 330/4 Country	Zip Country	6. Not Applicable			
LL DADE	33016 DADE	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	d		30
7. Name and Address of Current Registered Agent					1 2 1
Name CO FOR 1 V T TO 500 500004596945-1-3					1 1
EBERT A. VITIER CPA -09/18/0101045-011  Street Address (P.O. Box Number is Not Acceptable)					***
2655 Le LEUNE Road Penthouse 2-B					
Suite, Apt. #, Etc.		,			
City		State Zip Code	`		
CORAL BA	BLGS, FL 33/3		491,180		
8. I, being appointed the registerer again of the above hamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Signa					
Registered Agent Date					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles Name of Street Address of Each					
Officer and/or Directors Officer and/or Director		,,			
Hes. Lose A GutiEl	CPL MIAMI LAKES FL33016	2 Table 1			
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	-·	STATEMEN 18			
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		11/10			1 1
10. I certify that I am an officer or director or the receiver or trystee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling					
10. I certify that I am an officer or director or the receiver or toystee 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 dissolute 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 pairs and the rose 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 form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated					
on this application is true and accurate, and the statute shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE:  SIGNATURE AND EXPEDIATED NAME OF SIGNING OFFICER OR DIRECTOR.					*   1
SIGNATURE: 33016 818-0039					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

HITTING !