


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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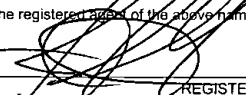
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA7000044501 1. Corporation Name THE MORTGAGE CENTER OF AMERICA, INC			
2. Principal Office Address 5881 NW 151ST ST # 202		3. Mailing Office Address 15476 NW 77 CT	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. # 298	
City & State MIAMI LAKES		City & State MIAMI LAKES	
Zip FL 33014	Country DADE	Zip 33016	Country DADE

4. Date Incorporated or Qualified To Do Business in Florida MAY 2 1997	
5. FEI Number 65-0789808	Applied For <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name EBERT A. VITIER CPA	500004596945-3 -09/18/01--01045--001 ***1200.00 ***1200.00	
Street Address (P.O. Box Number is Not Acceptable) 2655 LeJEUNE Road Penthouse 2-B		
Suite, Apt. #, Etc.		
City CORAL GABLES, FL	State FL	Zip Code 33134

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.

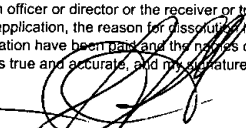
Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: _____

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
Pres.	JOSE A GUTIERREZ	15130 GAEVOCK PL	MIAMI LAKES, FL 33016

REINSTATEMENT 98-01

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **33016** (305) 818-0039

Daytime Phone #

CRZE001 (9/00)