


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 FEB 25 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700013091067  
02/25/03--01049--002 \*\*\$300.00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**02-03**

**DOCUMENT #** P97000044501

**1. Corporation Name**  
The Mortgage Center of America, Inc.

<b>2. Principal Office Address</b> 15327 NW 60 Ave Suite, Apt. #, etc. Suite 225 City & State Miami Lakes, FL Zip 33014 Country USA		<b>3. Mailing Office Address</b> (← same) Suite, Apt. #, etc. City & State City & State Zip Country	
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**4. Date Incorporated or Qualified To Do Business in Florida** 05/20/1997

**5. FEI Number** 650789808  
Applied For   
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

**7. Name and Address of Current Registered Agent**

Name: Jose A. Gutierrez

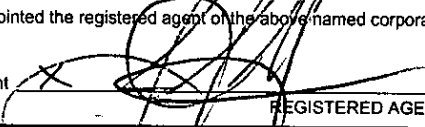
Street Address (P.O. Box Number is Not Acceptable): 15327 NW 60 Avenue

Suite, Apt. #, Etc.: Suite 225

City: Miami Lakes

State: FL Zip Code: 33014

**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: 01-21-03

**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
D	Jose A. Gutierrez	14737 Breckness Place	Miami Lakes, FL 33014

**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:**  Jose A. Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01-21-03 (305) 558-6276  
Daytime Phone #

CR2E081 (10/02)

78 2/26

February 21, 2003

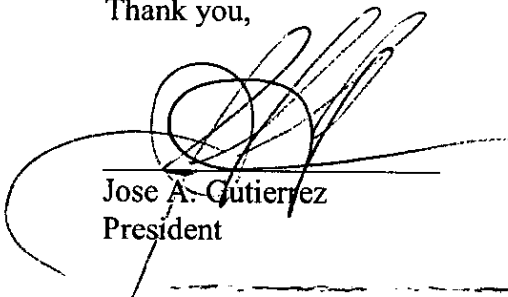
Division of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am writing in regards to the reinstatement of The Mortgage Center of America. Our corporation shows as inactive and when I inquired as to the reason, I was told that the 2002 annual reports were not filed. However, we never received any of the documentation.

I am sending the Reinstatement Application along with a check for three hundred dollars may payable to The Department of State. If you have any questions, please call: (305) 558 - 6276.

Thank you,



Jose A. Gutierrez  
President