

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

DOCUMENT # P97000044501

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

2. Principal Office Address <u>15327 NW 60 Ave</u> Suite, Apt. #, etc. <u>Suite 225</u> City & State <u>Miami Lakes, FL</u> Zip <u>33014</u> Country <u>USA</u>		3. Mailing Office Address <u>(← same)</u> Suite, Apt. #, etc. 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 [Signature] Date 01-21-03  
REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>Jose A. Gutierrez</u>	<u>14737 Breckness Place</u>	<u>Miami Lakes, FL 33014</u>

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: X Jose A. Gutierrez Date 01-21-03 Daytime Phone # (305) 558-6276

CR2E081 (10/02)

78 2/24

February 21, 2003

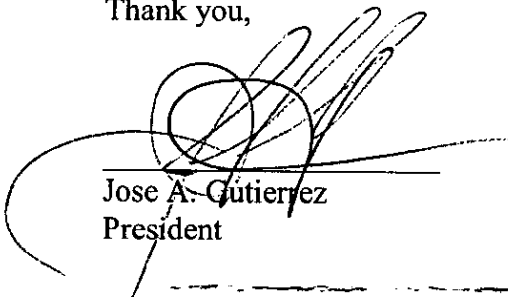
Division of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

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