

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 SEP 29 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P-97000057405**

1. Corporation Name  
**BRICKELL MORTGAGE CONCEPTS, INC**

2. Principal Office Address  
**1100 Brickell Ave**

Suite, Apt. #, etc.  
**430**

City & State  
**Miami, FL**

Zip Country  
**33131 USA**

3. Mailing Office Address  
**1000 Quayside Terr**

Suite, Apt. #, etc.  
**1205**

City & State  
**Miami, FL**

Zip Country  
**33138 USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**1998**

5. FEI Number  
**65-0934584**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

Name  
**Simon Glottmann**

Street Address (P.O. Box Number is Not Acceptable)  
**1000 Quayside Terr**

Suite, Apt. #, Etc.  
**1205**

City  
**Miami**

State Zip Code  
**FL 33138**

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  
*[Handwritten Signature]*

Date  
**9/26/03**

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
Pres/Off	Simon Glottmann	1000 Quayside Terr #1205	Miami, FL 33138
Vice/Sec	EVR Glottmann	" " " "	" " " "

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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**9/26/03**  
Daytime Phone #  
**305-305-1929**

sh 9/30

CR2E081 (10/02)

# Memo

Date: 9/26/2003

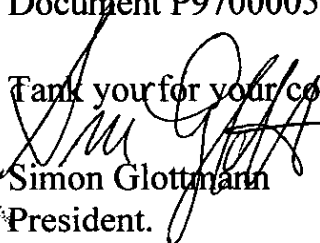
To: Florida Department Of Professional Regulation  
From: Simon Glottmann, Brickell Mortgage Concepts, Inc.  
Subject: Reinstate active status

We request to eliminate the \$ 600.00 reinstatement fees because We change my address and We did not receive the form.

Please find the form and the check in the amount of \$ 158.75

Corporate FEI 65-0934584  
Document P97000057405

Thank you for your cooperation

  
Simon Glottmann  
President.