

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

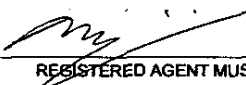
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 97 0000 704 27			
1. Corporation Name GERMAN REAL ESTATE & MORTGAGE CORP.			
2. Principal Office Address 909 SE 47TH TERRACE Suite, Apt. #, etc. 203-4 City & State CAPE CORAL, FL Zip 904 33904		3. Mailing Office Address PO BOX 100957 Suite, Apt. #, etc. City & State CAPE CORAL, FL Zip 33910	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 08-14-97	
5. FEI Number 65-0777-041	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	


7. Name and Address of Current Registered Agent			
Name THOMAS RIEDLINGER			
Street Address (P.O. Box Number is Not Acceptable) 909 SE 47 TH TERRACE			
Suite, Apt. #, Etc. 203-4			
City CAPE CORAL		State FL	Zip Code 33904

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  THOMAS RIEDLINGER Date 01-23-04
 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
D	THOMAS RIEDLINGER	909 SE 47TH TER #203-4	CAPE CORAL, FL 33904

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:  THOMAS RIEDLINGER Date 01-23-04 Daytime Phone # 239-945-3899
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)