PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AF	PPLICATION FOR	FLORIC	A DEPARTME Jim Smi	ENT OF STATE		atové svet			
REINSTATEME DIVISION OF CORPORATIONS					FILED				
DOCUMENT # P97000083845						02 OCT 30 AM 9: 18			
1. Corporation Name MORTGAGE MOVERS INCORPORATED					SECRETARY OF STATE FALLAHASSEE, FLORIDA				
Principal I	Place of Business	Mailing Add	trace						
10100 W.	Sample Rd., Suite 315 Prings FL 33065	10100 W. SAMPLE RD., SUITE 315 CORAL SPRINGS FL 33065		15) 1900868			
If above	addresses are incorrect in any way, line th	rough incorrect	information and ente	r correction below.	10/30,	/0201001	030 * *j	.50.00	
Suite, Apt.	rincipal Office Address, If Applicable #, etc.	3. New Mai	ling Office Address,	f Applicable	Date Incorp To Do Busi	Date Incorporated or Qualified To Do Business in Florida 09/26/1997		1997	
City & Star	e	City & State			5. FEI Number 65-0783664			Applied For	
Zip	Country	Zip	Count	try	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Ad	Not Applicable ditional Fee required ertificate of Status	
1	and Street Addresses of Each Officer and Name of Officers	or Director (Flo							
Title(s)	(s) 2 and/or Directors 3			Street Address of Each Officer and/or Director City / State / Zip				ip	
D	D PEARLSTEIN, MARK 101			PLE RD., SUITE 31	5 CORAL SPRINGS FL 33065				
				,,					
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent				
PEARLSTEIN, MARK 10100 W. SAMPLE RD., SUITE 315 CORAL SPRINGS FL 33065				Street Address (P.	t Address (P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc.					
10. I, being	appointed the registered agent of the above	e named corpor	ration, am familiar wit		gations of Section	1 607.0505 FS or 61	State Zip C	ode	
	Mil				J	, 507,0000, i .5, di 61	7.0000; F.S.		
Signature of Registered A	·	URE BISTERED AGE	REQU	IRED		Date/0/2	2/02		
owed by t	nat I am an officer or director or the receive satement application, the reason for dissolu- the corporation have been paid and the na plication is true and accurate, and my sign	mes of individua	als listed on this form	ate name satisties thi	e requirements of	er 607 or 617, F.S. I for esection 607.0401 or esection 119.07(3)(i),	urther certify th 317.0401, F.S F.S. The infor	nat when filing ., that all fees mation indicated	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO/22/02 954-757-707/
Date Dayline Phone #

SIGNATURE:



October 22, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Reinstatement

Dear Sir or Madam:

I have attached the documentation required for reinstatement of Mortgage Movers Incorporated. I have enclosed a check for \$150.00 for filing fees. I can assure you that I did not receive any prior UBR notices in the past. Had I been aware of our inactive status I would have acted immediately as I am at this time.

Thank you your assistance in this matter

Yours truly,

Mark Pearlstein President