2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000016107

1. Entity Name
GEORGETOWN MORTGAGE COMPANY

FILED
09 MAY 11 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O A. DE GOYTISOLO P.A. ~~1550 MADRUGA AVE., STE. 403~~ ~~CORAL GABLES, FL 33146-3019~~ US	C/O A. DE GOYTISOLO P.A. ~~1550 MADRUGA AVE., STE. 403~~ ~~CORAL GABLES, FL 33146-3019~~ US

03182009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2977 McFarlane Dr.	2977 McFarlane Dr.
Suite, Apt. #, etc.: 303	Suite, Apt. #, etc.: 303
City & State: COCONUT GROVE FL	City & State: COCONUT GROVE FL
Zip: 33133 Country: MIAMI-DADE	Zip: 33133 Country: MIAMI-DADE

4. FEI Number: 65-0828822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A. DE GOYTISOLO P.A. ~~1550 MADRUGA AVENUE, SUITE~~ 403 ~~CORAL GABLES, FL 33146~~	Name: AGUSTIN de GOYTISOLO PA Street Address (P.O. Box Number is Not Acceptable): 600 BILTMORE WAY #1205 City: CORAL GABLES FL Zip: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD DE GOYTISOLO, AGUSTIN G ~~1550 MADRUGA AVE., SUITE~~ 403 MIAMI, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2977 McFarlane Dr COCONUT GROVE FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE GOYTISOLO, A ~~1550 MADRUGA AVE., SUITE~~ 403 ~~MIAMI, FL 33143~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 600 BILTMORE WAY # 1205 CORAL GABLES FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOYTISOLO, SYLVIA J.C. ~~1550 MADRUGA AVE., SUITE~~ 403 ~~MIAMI, FL 33143~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8755 SW Schoolhouse Road MIAMI FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900155948089 05/14/09--01005--016 **900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2008-2009

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Secretary 04/30/09 305.443-6232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #