


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000021608					
1. Corporation Name MORTGAGE AMERICA INC.					
2. Principal Office Address 4471 NW 36 STREET Suite, Apt. #, etc. 200-2 City & State MIAMI SPRINGS FL. Zip 33166 Country U.S.A.			3. Mailing Office Address 4471 NW 36 STREET Suite, Apt. #, etc. 200-2 City & State MIAMI SPRINGS FL. Zip 33166 Country U.S.A.		

FILED

03 MAR 27 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILED FOR
2002 & 2003**

600014902206
01/06/03--01097--006 **131.25

4. Date Incorporated or Qualified To Do Business in Florida 03/06/1998	
5. FEI Number 65-0817280	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JOSE LLANO		
Street Address (P.O. Box Number is Not Acceptable) 481 DESOTO DRIVE M		
Suite, Apt. #, Etc. 200-2		
City MIAMI SPRINGS	State FL	Zip Code 33166

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  Date **3-3-2003**
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
PRESIDENT	JOSE LLANO	481 DESOTO DR	MIAMI SPRINGS FL. 33166

03/28/03--01027--001 **212.50

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2003 (305) 888 6629
Date Daytime Phone #

CR2E0A1 (10/02)

3/28/03 RETURN MAIL DETAIL SCREEN
CORP NUMBER: P98000021608 CORP NAME: MORTGAGE AMERICA INC.

9:15 AM

2002

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ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0025

03 MAR 27 AM 10:23

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0011

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