

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000024645			
1. Corporation Name BORINQUEN MORTGAGE CORPORATION			
2. Principal Office Address 95 SOLANDRA DR Suite, Apt. #, etc.		3. Mailing Office Address 95 SOLANDRA DR. Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32807	Country USA	Zip 32807	Country USA

FILED

02 OCT 28 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 3/16/98	
5. FEI Number 59-3497121	Applied For <input type="checkbox"/> Not Applicable
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 SEPULVEDA, WILFREDO	
Street Address (P.O. Box Number is Not Acceptable) 95 SOLANDRA DR.	
Suite, Apt. #, Etc.	
City ORLANDO,	State FL Zip Code 32807

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 _____
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
PSD	SEPULVEDA, WILFREDO	95 SOLANDRA DR.	ORLANDO, FL. 32807

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: W. Sepulveda (407)839-3777/227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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BORINQUEN MORTGAGE CORPORATION
620 E. COLONIAL DR.
ORLANDO, FL. 32803
TEL. 407-839-3777 FAX 407-839-3896

OCTOBER 15, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: BORINQUEN MORTGAGE CORPORATION
DOCUMENT # P98000024645
FEI # 59-3497121

PLEASE RE-INSTATE THE ABOVE REFERENCED CORPORATION AND WAIVE ANY PENALTIES.

I AM SORRY THAT THE ANNUAL REPORT WASN'T FILED ON TIME, BUT THE REASON WAS THAT I DIDN'T RECEIVE THE UNIFORM BUSINESS REPORT. I HAD MOVED TEMPORARILY FROM 95 SOLANDRA DR. AND THE MAIL FOR SOME REASON (THAT I TRULY DON'T KNOW) WASN'T FORWARDED TO ME AS PREVIOUSLY AGREED AND THE BOOKKEEPER THAT I HAD WORKING FOR ME, WHO WAS SUPPOSED TO KEEP UP-TO-DATE ALL THIS REPORTS & FORMS WASN'T DOING HER JOB.

AT THIS TIME I AM BACK TO 95 SOLANDRA DR. AND I AM KEEPING TRACK OF ALL THESE REPORTS MYSELF TO MAKE SURE EVERYTHING IS DONE ON TIME.

ENCLOSED IS A CHECK FOR \$150.00 DOLLARS, FEE FOR THE CORPORATION RENEWAL.

THANK YOU FOR YOUR UNDERSTANDING OF THIS MATTER.

YOURS TRULY,


WILFREDO SEPULVEDA
PRESIDENT