

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 DEC 22 PM 4:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # P98000028044 1. Corporation Name Independence Mortgage INC		REINSTATEMENT 1999 DO NOT WRITE IN THIS SPACE		5. Date Incorporated or Qualified To Do Business in Florida MARCH 27 1998 5. FEI Number 65-0822575 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			
Principal Place of Business 2500 NORTH Federal Highway STE 301 Ft. Lauderdale, Florida 33305		Mailing Address 2500 NORTH Federal Highway STE 301 Ft. Lauderdale, Florida 33305					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)		4. Date of Status Desired					
1	Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City/State/Zip
	President		Coletta Quigley		2500 N. Federal Highway STE 301		Ft. Lauderdale, Florida 33305
	VP		Dan Quigley		2801 NE 24th ST		Ft. Lauderdale, Florida 33305
8. Name and Address of Current Registered Agent WICK CRACK 2801 NE 24th ST Ft. Lauderdale, Florida 33305				9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent [Signature] Date 12/20/99 REGISTERED AGENT MUST SIGN				11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] 12/20/99 (954) 567-2274 SIGNATURE: _____ Date: _____ Daytime Phone #: _____ SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR							