PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 49-01 LHR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 22 PM 3:48

DOCUMENT # P98000042871

1. Corporation Name
ADAMES MORTGAGE CORPORATION

2. Principal Office Address	3. Mailing Office Address
650 SW 2nd Ave	650 SW 2nd Ave
Suite, Apt. #, etc. Suite #148E	Suite, Apt. #, etc. #148E
City & State Boca Raton, Fl	City & State Boca Raton, Fl
Zip 33432 Country Palm Beach	Zip 33432 Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 5-12-1998

5. FEI Number: 65-0836607 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: IRIS ADAMES
700004458587--8
-07/05/01--01003--026
******8.75 ******8.75

Street Address (P.O. Box Number is Not Acceptable): 650 SW 2nd Ave #148E

Suite, Apt. #, Etc.: 148 E

City: Boca Raton, Fl State: FL Zip Code: 33432

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: _____ REGISTERED AGENT MUST SIGN Date: 6-20-01

CR2E091 (9/00)

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
Pres.	IRIS ADAMES	650 SW 2nd Ave #148E	Boca Raton, Fl 33432
			700004458587--8 -07/05/01--01003--027 ****450.00 ****450.00

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

6-20-01 Date

(561) 395-0023 Daytime Phone #