

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 4:34

DOCUMENT # **p98000057204**

1. Corporation Name

**Financial Mortgage Investors
Corp.**

2. Principal Office Address

9424 SW 131st Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

U.S.A.

3. Mailing Office Address

2424 SW 131st Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

U.S.A.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/25/98

5. FEI Number

65-0846182

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

Denise TARIFA

300003343019-1

Street Address (P.O. Box Number is Not Acceptable)

1000 NW 131st Ave

-08/02/00--01002--087

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182

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

Denise Tarifa

Date

6/29/00

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	Denise TARIFA	1000 NW 131st Ave	MIAMI FL 33182
Vice President	Rene DIAZ	1292 SW 14th Place MIAMI FL 33184	MIAMI FL 33184
			AD

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)(f), 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:

Denise TARIFA

Date

6/29/00

Daytime Phone #

786-367-1457