

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 30 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000071358

1. Corporation Name

MORTGAGE CHOICE of AMERICA, INC.

2. Principal Office Address

5169 S.W. 8th Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

MIAMI, FL

City & State

SAME

Zip

33134

Country

USA

Zip

SAME

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1998

5. FEI Number

650856762

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

DOMINIC J. ABREU, P.A.

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

7333 Coral Way

Suite, Apt. #, Etc.

Suite E

City

MIAMI

State

FL

Zip Code

33155

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/27/03

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
<u>Pres</u>	<u>Jose C. Lopez</u>	<u>5169 S.W. 8th Street</u>	<u>MIAMI, FL 33155</u>
<u>V.P.</u>	<u>Jose C. Lopez</u>		
<u>Sec.</u>	<u>Jose C. Lopez</u>		

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

1/27/03 (305) 444-2268

Date

Daytime Phone #

CR2E081 (10/02)

2/1/01