

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000088614

1. Corporation Name

MECHANIC MORTGAGE GROUP, INC.

Principal Place of Business

Mailing Address

353 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE FL 34984  
US

353 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE FL 34984  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/16/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0868478	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BELKIN, RONALD	1415 SW BLUEBIRD COVE	PORT ST. LUCIE FL 34986
D	KENT, DOUGLAS C	1626 SW GEMINI LANE	PORT ST. LUCIE FL 34984
D	MECHANIC, DAVID B	83-15 116TH ST., APT. 4-E	KEW GARDENS NY 11418

1000003440901--0

-10/26/00--01083--017  
\*\*\*\*150.00 \*\*\*\*150.00

10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELKIN, RONALD  
1415 SW BLUEBIRD COVE  
PORT ST. LUCIE FL 34986-2020

Name

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

Suite, Apt. #, Etc.

City

State

FL

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]*  
REGISTERED AGENT MUST SIGN

Date 10/13/2000

11. 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

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2000

Date

561.344.5400

Daytime Phone #



## **MECHANIC MORTGAGE GROUP, INC.**

*A Full Service Correspondent Lender*

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October 13, 2000

Department of State  
Division of Corporations  
400 East Gaines Street  
Tallahassee, FL. 32399

Dear Sir,

In accordance with our telephone conversation with your office yesterday, enclosed you will find our application for reinstatement and a check in the amount of \$150.00 to cover the appropriate fees. Please be advised that we have never received a request for annual report or any documentation from your office, until we received the Certificate of Administrative Dissolution on October 10, 2000.

Under no circumstances would we have knowingly allowed our corporation status to be jeopardized by not filing the 2000 corporation annual report, but unfortunately we did not receive any documentation from the state. Therefore, we respectfully request that the additional reinstatement fee of \$600.00 be waived.

Sincerely,

Ronald Belkin  
Director