## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PEOPATION TO THE PEOPLE OF THE		A DEPARTAINT OF STAT Katherine Harris Secretary of State VISION OF CORPORATIONS	E	TIVISION OF CORPORATIONS  OI MAY 31 PM 4:58	
DOCUMENT # 198	0000913	30		7 7 98	
1. Corporation Name  KEY Mortgage			·		
	W	0000030257			
2. Principal Office Address 32// Powce DE L	3. Mailing (	Office Address			
Suite, Apt. #, etc.	Suite, Apt. #,	, etc.		orated or Qualified less in Florida	
City & State CABLES	City & State	City & State		3777 2/1/ C Applied For	
Zip Country 33134 DADA	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED Status Desired Certificate of Status	
	The state of the s	Name and Address of Current Reg	istered Agent		
Name Luis	R. GRAN.			000044309805	
Street Address (P.O. Box M		ICIANSA BILD	#201	-06/19/0101118014 ****150.00 ****150.00	ı
Suite, Apt. #, Etc.	ni Spa	wgs, Fla	#201		
City	Anil 5	Springs		State Zip Code FL 33/66	
8. I, being appointed the registered ager Signature of Registered Agent		oration, am familiar with and accept the	he obligations of section	n 607.0505 or 617.0503, F.S.  Date 12/20/00	CR2E081 (9/99)
9. Names and Street Addresses of Each	Officer and/or Director (Flo	orida nonprofit corporations must list	at least 3 directors)		
Titles Name Officers and/o	or Directors	Street Address of I Officer and/or Dire	ector	City / State / Zip	
PRES. Luis R. 6	RANDA	520 Brickell K	24 DR. 410	Mixini, 7-( 33131	
			- 00	000044309805	
the 300.90	gointo			*****300.00 *** <b>3.60</b> .00	
MEO-NS			16	10/16	Ļ
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this reinstatement/application, the ear owed by the corporation have been per on this application is true and accurate SIGNATURE:	son for dissolution has been aid and the names of individes, and my signature shall ha	n eliminated, the corporate name satis uals fisted on this form do not qualify uve the same legal effect as if made u	sties the requirements of for an exemption under inder oath.	ter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees r section 119.07(3)(i), F.S. The information indicated of the determinant o	



Dept. of State Division of Corporations 409 East Gaines Street Tallahassee, FL. 32399

Re: Key Mortgage Advisers, Corp. and Key Mortgage Adisors I, Corp.

Please note that I have gone from working partner of KMA, Corp. to sole proprietor of KMA I, Corp.

In the process of the transition, I had sent 2 checks to keep both corporations active until I found a new, permanent location, to complete the transition and not suffer a lapse in business. Both checks, with an explanation letter, were mailed, each in the amount of \$150.00

Reviewing my records, only one check was cashed and consequently, I stopped doing any business since notification.

The one check cashed, was for the old corporation (partnership), instead of the new 100% owner, sole proprietor Key Mortgage Advisors I, Corp.

Unfortunately, I did not receive any mail for the corporate filing of either corporation at the time of sending both checks, maybe this is were the confusion set in and consequently the only check cashed was for the Corporation that was closing (Key Mortgage Advisers, Corp.).

I am the principal broker of Key Mortgage Advisors I, Corp. the sole proprietor 100% owner, and I request to have Key Mortgage Advisors I, Corp. reinstated. I was informed to send a check for \$ 300.00 - and this brief explanation letter.

Please contact me at 305-888-7173, should you require additional information.

Sincerely

Luis R. Granda

Pres.