

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

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DOCUMENT # P98000100133

1. Corporation Name **DB MORTGAGES, INC.**

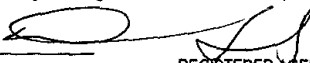
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****150.00 ****150.00

2. Principal Office Address 5542 SACRAMENTO CTW Suite, Apt. #, etc.		3. Mailing Office Address 5542 SACRAMENTO CTW Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32821	Country USA	Zip 32821	Country USA

4. Date Incorporated or Qualified To Do Business in Florida December 1, 1998	
5. FEI Number 593534473	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name DAWN BEANES	
Street Address (P.O. Box Number is Not Acceptable) 5541 SACRAMENTO CT WEST	
Suite, Apt. #, Etc.	
City Orlando	State FL
	Zip Code 32821

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  Date **10/18/01**

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
PH/SA	DAWN BEANES	5541 SACRAMENTO CTW	Orlando FL 32821

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

10/18/01 407 239 3641