


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |                        |   |                        |
|---|------------------------|---|------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                      |                        |  <b>FLORIDA DEPARTMENT OF STATE<br/>Katherine Harris<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                        |
| <b>DOCUMENT #</b> P980000101067                           |                        |   |                        |
| <b>1. Corporation Name</b><br>B.M.J Community Mortgage Co |                        |   |                        |
| <b>2. Principal Office Address</b><br>16764 NW 67th Ave   |                        | <b>3. Mailing Office Address</b><br>16764 NW 67th Ave   |                        |
| Suite, Apt. #, etc.                                       |                        | Suite, Apt. #, etc.   |                        |
| <b>City &amp; State</b><br>Miami, Florida                 |                        | <b>City &amp; State</b><br>Miami, Florida   |                        |
| <b>Zip</b><br>33015                                       | <b>Country</b><br>Dade | <b>Zip</b><br>33015   | <b>Country</b><br>Dade |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*

**REINSTATEMENT** 1999

**4. Date Incorporated or Qualified To Do Business in Florida** 12/1/98

**5. FEI Number** 65-0884636

**6. CERTIFICATE OF STATUS DESIRED** ☒ ☐

Applied For  
Not Applicable

|   |                    |                          |
|---|--------------------|--------------------------|
| <b>7. Name and Address of Current Registered Agent</b>                                  |                    |                          |
| <b>Name</b><br>Curt Bogle   |                    |                          |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>3530 mystic pointe DR #904 |                    |                          |
| <b>Suite, Apt. #, Etc.</b><br>904   |                    |                          |
| <b>City</b><br>Aventura   | <b>State</b><br>FL | <b>Zip Code</b><br>33180 |

**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**

*[Handwritten Signature: Curt Bogle]*

**Date** 01/12/00

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres   | Nanci Clayton                        | 3530 mystic pointe DR #904                        | Aventura, FL 33180 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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**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:**

*[Handwritten Signature: Nanci Clayton]*  
Nanci Clayton

**Date** 01/12/00

(305)  
933-4126  
**Daytime Phone #**