PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION Katherine Harris **FOR** ÉILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 01 NOV 15 PM 2:30 P99000004372 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA GUARANTEED MORTGAGE BROKERS, INC. Principal Place of Business... Mailing Address 1401-SOUTH FEDERAL HIGHWAY #418 _1401_SOUTH FEDERAL HIGHWAY #416 BOCA BATON EL 33432 BOCA RATON FL 30402 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 486 WILST HUSSOFO B 01/13/1999 5. FEI Number Applied For 65-0884811 Not Applicable Martia \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers City / State / Zip Title(s) Officer and/or Director D DRISCOLL, RITA 1401 SOUTH FEDERAL HIGHWAY #416 **BOCA RATON FL 33432** 600004733076---12/19/01-01056-025 ****150.00 ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent GATSOS, ELAINE M ESQ. Street Address (P.O. Box Number is Not Acceptable) 1499 WEST PALMETTO PARK ROAD Suite, Apt. #, Etc. **SUITE 210 BOCA RATON FL 33486** Zip Code City State 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 Date REGISTERED AGENT MUST SIGN 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 filling 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 weed by the corporation have been said 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 accura

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

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GUARANTEED MORTGAGE BROKERS, INC. 486 West Hillsboro Blvd. Deerfield Beach, FL 33432 954-725-4496 Fax 954-725-4498

November 12, 2001

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Department of State Division of Corporations P.O. box 6327 Tallahassee, FL 33442

RE: Reinstatement of Corporation 65-00884811

Dear Sirs:

I have received a letter of Administrative Dissolution or Revocation. I have never received the original filing form. I called your office and spoke a representative who told me to send the fee for \$150.00, the reinstatement form and a letter explaining that we never received the original form.

Enclosed you will find the application and the check for \$150.00. If you should need further information, please contact me at 954-725-4496.

Sincerely,

Rita Driscoll Director