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
00 OCT 20 AM 10:03

DOCUMENT # P99000022623

1. Corporation Name
FIRST MORTGAGE CONSULTANTS, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
17100 COLLINS AVENUE	17100 COLLINS AVENUE
Suite, Apt. #, etc.: 223	Suite, Apt. #, etc.: 223
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33160 Country: U.S.A	Zip: 33160 Country: U.S.A

4. Date Incorporated or Qualified To Do Business In Florida: 3-11-98

5. FEI Number: 650901344 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GRACIELA F TOLEDO

Street Address (P.O. Box Number is Not Acceptable): 1340 NE 203rd St.

300003447773--4
-11/01/00--01112--010
****70.00 ****70.00

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33179

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: Graciela Toledo — REGISTERED AGENT MUST SIGN Date: 10/19/00

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
PD	GRACIELA F. TOLEDO	1340 NE 203rd ST.	MIAMI, FL 33179
VP	JOSEFA M. SANCHEZ	17100 COLLINS AVE #223	MIAMI BEACH, FL 33160

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Graciela Toledo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Graciela F Toledo — Date: 10/19/00 — Daytime Phone #