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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

000022760

1. Corporation Name

MUTUAL SECURITY MORTGAGE CORPORATION

FILED

03 MAY 22 AM 10: 41

SECRETARY OF STATE FALLARIASSEE, FLORIDA

City & State 5. FEI Number Applied For MIRAMAR FL 65-0941099 Not Applicable
Suite, Apt. #, etc. G City & State City & State City & State MIRAMAR FL Country Zip Country BROWARD To Do Business in Florida MARCH 11, 1999 To D
City & State 5. FEI Number 65-0941099 Not Applied For 65-0941099 Not Applicable Certificate of Status DESIRED To Name and Address of Current Registered Agent Name JOAN' ROBINSON Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY City & State Applied For 65-0941099 Street Address of Current Registered Agent Certificate of Status Fig. 22/03-01067-005 ***GOUTED To Do Business in Florida MARCH 11, 1999 Applied For 65-0941099 Not Applicable 61-001099 Street Address of Current Registered Agent
City & State 5. FEI Number 65-0941099 Not Applied For Not Applicable Certificate of Status DESIRED Service of Status To Do Business in Florida MARCH 11, 1999 Applied For Not Applicable Certificate of Status Service of Status To Do Business in Florida MARCH 11, 1999 Applied For Not Applicable Certificate of Status Service of Status Street Address (P.O. Box Number is Not Acceptable) 61 1-5 MIRAMAR PARKWAY City & State Applied For Certificate of Status Service of
City & State MIRAMAR FL Zip Country 33023 **BROWARD Zip Country BROWARD Zip Country BROWARD Zip Country Country BROWARD Zip Country CERTIFICATE OF STATUS DESIRED Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY
MIRAMAR FL Country Street Address (P.O. Box Number is Not Acceptable) 65-0941099 Not Applicable Certificate of Status DESIRED Street Address (P.O. Box Number is Not Acceptable) 61-15 MIRAMAR PARKWAY 65-0941099 Street Address of Current Registered Agent To Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 61-15 MIRAMAR PARKWAY 65-0941099 Not Applicable CERTIFICATE OF STATUS DESIRED Street Address (P.O. Box Number is Not Acceptable) 61-15 MIRAMAR PARKWAY
Zip Country 33023 ***ROWARD ***** ***ROWARD *** 7. Name and Address of Current Registered Agent Name JOAN ROBINSON Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY ***ROWARD *** ***Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Statius ***Statius** ***Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Statius ***Total Country ****Country 1. Name and Address of Current Registered Agent ***Total Country ***Tota
To Name and Address of Current Registered Agent Name JOAN ROBINSON Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY 05/22/03 01067 005 **600.00
7. Name and Address of Current Registered Agent Name JOAN ROBINSON Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY 05/22/03 01067 005 **600.00
JOAN: ROBINSON Street Address (P.O. Box Number is Not Acceptable) 500019741326 611-5 MIRAMAR PARKWAY 05/22/03 01067 005 **600.00
Street Address (P.O. Box Number is Not Acceptable) 611-5 MIRAMAR PARKWAY 510119741326 615/22/03-01067-005 **500.50
611-5 MIRAMAR PARKWAY 05/22/03 01087 005 ***500.00
611-5 MIRAMAR PARKWAY 05/22/03 01:067 005 **600:00
Suite, Apt. #, Etc.
1 0
G State Zip Code
El 122022
MINAMEN CONTRACTOR OF THE PROPERTY OF THE PROP
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 Problems Date 5-13-03
Registered Agent REGISTERED AGENT MUST SIGN
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)
Name of Street Address of Each City / State / 7in
Titles Officers and/or Directors Officer and/or Director
PD JOAN ROBINSON 6115 MIRAMAR PKWAY #G MIRAMAR, FL 33023
PD JOAN ROBINSON 6115 MIRAMAR PKWAY #G MIRAMAR, FL 33023

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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-966-4665 Daytime Phone #

To: Whom It may Concern

I here by request that the late fee be waived, due to the fact that I never received any notices.

Thanks in Advance

Sincerely

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Joan Robinson