

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -3 PM 1:49

DOCUMENT # P99000027959

1. Corporation Name

HOME MORTGAGE LENDING OF AMERICA CORP.

Principal Place of Business

Mailing Address

9361 SW 40TH ST
OFFICE FRONT
MIAMI FL 33165

9361 SW 40TH ST
OFFICE FRONT
MIAMI FL 33165



REINSTATEMENT *00*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/26/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0909628	
				Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GONZALEZ, ODALIS	9361 SW 40TH ST	MIAMI FL 33165
VP	MUNICA, ADELINA MUJICA,	9361 SW 40TH ST	MIAMI FL 33165
P	GONZALEZ, ALEJANDRO	9361 SW 40TH ST	MIAMI FL 33165
SEC	PEDROSO, VANESSA	9361 SW 40TH ST	MIAMI FL 33165
			300003474653--4 -11/22/00--01071--002 ****250.00 ****250.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ODALIS
9361 SW 40TH ST
MIAMI FL 33165

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	300003474653--4
City	-11/22/00--01071--001 ****500.00 ****500.00
State	FL
Zip Code	

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

(Signature)
REGISTERED AGENT MUST SIGN

Date 09-24-2000

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 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)
Date 09-24-2000 (305) 480-0002
Daytime Phone #