

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 02 SEP 09 AM 8:42

CORPORATION REINSTATEMENT



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035093

1. Corporation Name  
FIRST CHOICE MORTGAGE SERVICES, INC.

000007729540--0  
-09/13/02--01034--013  
\*\*\*1050.00 \*\*\*1050.00

2. Principal Office Address  
13930 SW 47ST  
Suite, Apt. #, etc.  
203  
City & State  
MIAMI, FLORIDA  
Zip  
33175  
Country  
U.S.A.

3. Mailing Office Address  
13930 SW 47ST  
Suite, Apt. #, etc.  
203  
City & State  
MIAMI, FLORIDA  
Zip  
33175  
Country  
U.S.A.

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida 04/16/99  
5. FEI Number 65-0912822 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  
JIMENEZ RUBEN  
Street Address (P.O. Box Number is Not Acceptable)  
13930 SW 47ST  
Suite, Apt. #, Etc.  
203  
City  
MIAMI  
State  
FL  
Zip Code  
33175

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  
REGISTERED AGENT, MUST SIGN  
Date 8/26/02

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
P	JIMENEZ RUBEN	4032 S.W. 153CT.	MIAMI, FL 33185

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.

CR2E081 (9/01)