

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 02 SEP 99 AM 8:42

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY 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 &amp; State

MIAMI, FLORIDA

Country

U.S.A.

## 3. Mailing Office Address

13930 SW 47ST

Suite, Apt. #, etc.

203

City &amp; 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.