

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JUL 23 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000054595

1. Corporation Name  
*From Coast 2 Coast Mortgage  
Lenders, Inc.*

2. Principal Office Address  
*5979 NW 151 Street*

Suite, Apt. #, etc.  
*200*

City & State  
*Miami Lakes, FL*

Zip  
*33016*

Country  
*USA*

3. Mailing Office Address  
*5979 NW 151 Street*

Suite, Apt. #, etc.  
*200*

City & State  
*Miami Lakes, FL*

Zip  
*33016*

Country  
*USA*

**2000-2002 UBR**

4. Date Incorporated or Qualified  
To Do Business in Florida  
*June 16, 1999*

5. FEI Number  
*55-0786269*

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ *NOT* \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
*Ameena Ali*

Street Address (P.O. Box Number is Not Acceptable)  
*5979 NW 151 Street*

Suite, Apt. #, Etc.  
*200*

City  
*Miami Lakes*

200007071312--6

09/13/02--01028--008

\*\*\*450.00 \*\*\*450.00

State  
**FL**

Zip Code  
*33016*

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  
*Ameena Ali*

REGISTERED AGENT MUST SIGN

Date  
*7/19/02*

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
P	<i>Ameena H. Ali</i>	<i>5979 NW 151 Street Miami Lakes, FL 33016</i>	<i>Miami Lakes, FL 33016</i>
VP	<i>Ameena H. Ali</i>	<i>5979 NW 151 Street</i>	<i>same as above</i>
S	<i>Ameena H. Ali</i>	<i>Suite # 200</i>	
T	<i>Ameena H. Ali</i>	<i>same as above</i>	

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.

SIGNATURE: *Ameena H. Ali* *Ameena H. Ali* *7/19/02* *786-287-0181*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

07/19/02

2952

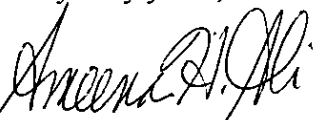
Reinstatement Division  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Dear Examiner:

Please find enclosed a reinstatement form for the above referenced corporation. I am writing to humbly appeal the reinstatement fee of \$600.00. During 1999-2000, our offices were located in an Executive office suite with many other companies and we shared common areas and the receptionist. When we relocated, I put a forwarding order on all incoming mail; however, this was never forwarded to our new address. I requested that the receptionist at our previous location forward any remaining mail to me, but she failed to do so. During the midst of relocating and re-establishing business relationships, this too became an oversight on my part. Once again, I am humbly asking that you waive the reinstatement fees. Currently, I cannot afford to pay both the enclosed \$450.00 for three years of annual fees and \$600.00 reinstatement fee.

Thank you in advance for your consideration. I can be reached at (786)287-0181.

Very truly yours,



Ameena H. Ali