PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION _FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000071726 **DOCUMENT#**

1. Corporation Name

E-LINK MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

FILED

00 DEC -5 PH 4: 12

SECRETARY OF STATE TALLAHASSEE: FLORIDA

TO THE REPORT OF THE PROPERTY AND A REPORT FROM THE PROPERTY OF THE PROPERTY O

1390 S DIXIE HIGHWAY SUITE 104 Miami Fl 33243-0850		1390 S DIXIE HIGHWAY SUITE 104 MIAMI FL 33243-0850		T HENDER OF THE FAIL BENEFIT HAN BENEFIT HER HAN HENDER HENDER HENDER HENDER HENDER HENDER HENDER HENDER HENDER		
	s·		REINSTA'	TEMENT	2177	
If above addresses are incorrect in any way, line	through incorrect information	ation and enter correction belo	A STEAM OF P	0 M38 4 9 FM 0 G B		
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/12/1998		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State	City & State	City & State			Not Applicable	
Zip Country	Zip	Country	CERTIFICATE OF	F STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer	and/or Director (Florida r	onprofit corporations must list	t at least 3 directors)			
Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
PRESIDENT CLAUP	whee HR	1049 Mala	garAver	conal 6	abl8 7ey	
		conal Go	garAver ibls Pl 33			
VP Terry Claus		700 SW 133 STREET		Miami F	1 33156	
				معدمم	esoo -	
			,	090350 - -12/19/00- *****750.0	-01093010 0 ****750.00	
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
		Name	-		L 8	
KUBIT, DONALD E - 100 SE SECOND STREET 17TH FLOOR			Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131	Suite, Apt.	Suite, Apt. #, Etc. City State Zip Code				
ţ,						
10. I, being appointed the registered agent of the Signature of Registered Agent	a above named coporate	n, am familiar with and accept	t the obligations of Section	607.0505, F.S. Date 11 28	00	

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 filling 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.

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #