PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

01 NOV 19 PM 5: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 000075961

1. Corporation Name
Colonial Residential Mortgage Corp.

REINSTATEMENT 00-01

2. Principal Office Address
292 Westward Drive

3. Mailing Office Address
292 Westward Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Springs, FL

City & State
Miami Springs, FL

Zip 33166 | Country USA

Zip 33166 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida   August 25, 1999

5. FEI Number   65-0943521 | 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   Caridad Amores, Esq

Street Address (P.O. Box Number is Not Acceptable)
294 Westward Drive

9000047170735----5
-12/10/01--01092--018
****908.75   ****908.75

Suite, Apt. #, Etc.

City   Miami Springs | State FL | Zip Code 33166

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 _____   REGISTERED AGENT MUST SIGN   Date 11-16-01

CR2E081 (9/00)

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
D	Dennis l. Heid	292 Westward Drive	Miami Springs, FL 33166

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: _____ Dennis l. Heid   11/16/01   305 885-9423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #