


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

INCORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 JUL 17 PM 4:01																													
DOCUMENT # P990000 86186																																			
1. Corporation Name DIRECT MORTGAGE USA, INC.																																			
2. Principal Office Address 19722 BLACK OLIVE LANE Suite, Apt. #, etc.				3. Mailing Office Address SAME Suite, Apt. #, etc.																															
City & State BOCA RATON, FL				City & State																															
Zip 33498		Country USA		4. Date Incorporated or Qualified To Do Business in Florida 09-27-1999		5. FEI Number 65-0958809																													
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																			
Name ALAN NATHAN																																			
Street Address (P.O. Box Number is Not Acceptable) 19722 BLACK OLIVE LANE																																			
Suite, Apt. #, Etc.																																			
City BOCA RATON				State FL		Zip Code 33498																													
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: [Signature] Date: 7/16/01 REGISTERED AGENT MUST SIGN																																			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																			
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PRES</td><td>ALAN NATHAN</td><td>19722 BLACK OLIVE LANE</td><td>BOCA RATON, FL 33498</td></tr><tr><td>S/TR</td><td>SUZAN BARROS</td><td>19722 BLACK OLIVE LANE</td><td>BOCA RATON, FL 33498</td></tr><tr><td>VP</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>								Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES	ALAN NATHAN	19722 BLACK OLIVE LANE	BOCA RATON, FL 33498	S/TR	SUZAN BARROS	19722 BLACK OLIVE LANE	BOCA RATON, FL 33498	VP															
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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 correct. My signature shall have the same legal effect as if made under oath. SIGNATURE: [Signature] Date: 7/16/01 954-421-0034 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																			

Thomas Tax & Accounting Inc

Thomas Tax & Accounting Inc
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Saturday, July 14, 2001

DIVISION OF CORPORATIONS
409 E GAINES STREET
TALLAHASSEE, FL. 32399
MR SEAN TONER

RE: DIRECT MORTGAGE USA INC.

THE ANNUAL REPORT FORM WAS NOT RECEIVED FOR DIRECT
MORTGAGE USA INC. IT IS REQUESTED YOU ABATE THE FEE OF \$600.

ENCLOSED IS THE CHECK FOR \$300.00 TO PAY NECESSARY FEES.

ENCLOSED IS CORPORATION REINSTATEMENT FORM.

THANK YOU FOR YOUR HELP



DAVID R THOMAS
Thomas Tax & Accounting Inc