

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01-02 UBR
CORPORATION
REINSTATEMENT



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

FILED
02 APR 10 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000090895

1. Corporation Name

Mortgage Beacon, Inc.

2. Principal Office Address

1570 Madruga Avenue

3. Mailing Office Address

1570 Madruga Avenue

Suite, Apt. #, etc.

Suite 311

Suite, Apt. #, etc.

Suite 311

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3609913

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

William C. Sussman

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

1570 Madruga Avenue

Suite, Apt. #, Etc.

Suite 311

City

Coral Gables

State
FL

Zip Code
33146

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 4-4-02

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
D	Anthony McCall	2727 Ulmerton Road	Clearwater, FL 33762

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:

Anthony McCall

4/4/02

727-798-9478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

Mortgage Beacon, Inc. dba

The Lending Source

Licensed Correspondent Mortgage Lender

VIA FACSIMILE 850-245-6897

Ms. Susan Payne
Division of Corporations

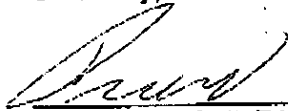
RE: Corporate Reinstatement for Mortgage Beacon Inc.

Dear Susan:

Please accept this correspondence as my request to reinstate Mortgage Beacon Inc. Additionally, we never received our annual UBR form and as such please waive the reinstatement fee.

Thank your for your assistance regarding this matter.

Sincerely,



Anthony McCall, Director
Mortgage Beacon Inc.