


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 1996 NOV 15 PM 1:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000002007220--3 -11/18/96--01026--013 *****575.00 *****575.00 000002007220--3 -11/18/96--01026--014 *****600.00 *****600.00	
DOCUMENT # S44061 1. Corporation Name WILCOT MORTGAGE COMPANY, INC.					
Principal Place of Business 780 NW 42 AVE SUITE 418 MIAMI, FL 33126		Mailing Address (Same as Principal Place of Business)			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number US 0259833000000 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
CEO	ALBERTA VILCA	780 NW 42 AVE SUITE 418	MIAMI FL 33126		
VP	ANDRES ROAERO	IL	IL		
TREAS	MARIA ELENA QUESADA	IL	IL		
SECT	MARK ROMERO	IL	IL		
REINSTATEMENT 92-96					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent WALTER B. LEBOWITZ 12555 BISCAYNE BLVD #924 MIAMI FL 33181		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Walter B. Lebowitz Date Oct 17 1996 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Mark Romero 10-1-96 (305) 442-8000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

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NOVEMBER 15, 1996
VIA FAX: (305) 446-6555

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

ATTN: MR. SAMMY CALDWELL (SUPERVISOR OF CORPORATIONS)

RE: REINSTATEMENT CERTIFICATE: CHANGE OF TREASURER

Dear Mr. Caldwell:

Attached you will find a copy of the reinstatement certificate all the information given will be the same, only that the Treasurer will be Ms. Maria Elena Quesada, this decision was taken last night in our Board of Directors meeting.

Thanking you in advance to the attention given to this matter.

SINCERELY YOURS,

Mark Romero

MARK ROMERO
CEO/PRESIDENT

CC: WALTER LEBOWITZ
(REGISTERED AGENT)