FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 AUG 22 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (6/10)

DOCUMENT # F10000002912

1. Corporation Name
gotmortgage.com, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17220 Newhope street	17220 Newhope street
Suite, Apt. #, etc. Suite #213	Suite, Apt. #, etc. Suite #213
City & State Fountain valley, CA	City & State Fountain Valley, CA
Zip 92708 Country orange	Zip 92708 Country orange

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 73-1676597 ☐ 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: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable): 236 East 6th Avenue

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32303

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08/25/14--01001--028 **100.00

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: NINH HO, ASST. SECRETARY Date: 8/21/2014
REGISTERED AGENT MUST SIGN

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
president	Andrea Park	17220 Newhope St. #213	Fountain valley, CA 92708
CFO	Andrea Park	17220 Newhope St. #213	Fountain valley, CA 92708
secretary	Andrea Park	17220 Newhope St. #213	Fountain valley, CA 92708

REINSTATEMENT

AUG 22 2014
R. HUNT

10. **E-mail Address:** _____
(To be used for future annual report notification)

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 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. I further certify, 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: _____ 8/12/14 714-241-4548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #