

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
01 MAR 22 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # F9700000 2263**

1. Corporation Name

CFI MORTGAGE DELAWARE INC.

300003924733--0

-03/23/01--01009--022

\*\*\*1058.75 \*\*\*1058.75

2. Principal Office Address

601 Cleveland St.

Suite, Apt. #, etc.

Suite 500

City & State

Clearwater, FL 33755

Zip

Country

3. Mailing Office Address

601 Cleveland St.

Suite, Apt. #, etc.

Suite 500

City & State

Clearwater, FL 33755

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/24/97

5. FEI Number

52-2023491

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

United Corporate Services, Inc.

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

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 508

City

Miami

State Zip Code

FL 33156

**REINSTATEMENT** *9/21/01*

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]*

REGISTERED AGENT MUST SIGN

Date 3-21-01

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
Pres/CEO	Stephen E. Williams	601 Cleveland St. Ste500	Clearwater, FL 33755
Vice Pres	Dan Brown	601 Cleveland St. Ste500	Clearwater, FL 33755
VP Sec	Marlene Noren	601 Cleveland St. Ste500	Clearwater, FL 33755
Dir.	J. Steven Furniss	601 Cleveland St. Ste500	Clearwater, FL 33755
Dir	James T. Kowalczyk	601 Cleveland St. Ste500	Clearwater, FL 33755

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01  
Date

727674010  
Daytime Phone #

CR2E081 (9/00)