

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Letha M. Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 2000

FILED

00 FEB -7 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005569

1. Corporation Name
ENCORE MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
1010 LAUREL OAK CORP. CENTER SUITE 301 VOORHEES NJ 08043	1010 LAUREL OAK CORP. CENTER SUITE 301 VOORHEES NJ 08043



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/22/1997	
City & State		City & State		5. FEI Number	
Zip		Country		22-2601100	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	SIROLLI, VINCENT N	1412 CHESTNUT AVE	GLOUCESTER NJ 08030
S	KRACHUN, PHIL	19 FLAMINGO DR.	MARLTON NJ 08053
T	SINKO, MICHAEL	529 BALSAM RD.	CHERRY HILL NJ 08033
000003137340--0 -02/16/00--01059--016 ***300.00 ***300.00 SP			

8. Name and Address of Current Registered Agent

OSATTIN, HELEN
727 HARBOR ISLAND
CLEARWATER FL 33767

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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: HELEN OSATTIN REGISTERED AGENT MUST SIGN

Date: 11/2/99

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 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: HELEN OSATTIN REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SIROLLI

Date: _____ Daytime Phone #: 800-499-8452

CR2E040 (8/99)