PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

, APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State of Division of Corporations

DOCUMENT #

F9900000646

1. Corporation Name

SOUTHERN SECURITY MORTGAGE COMPANY

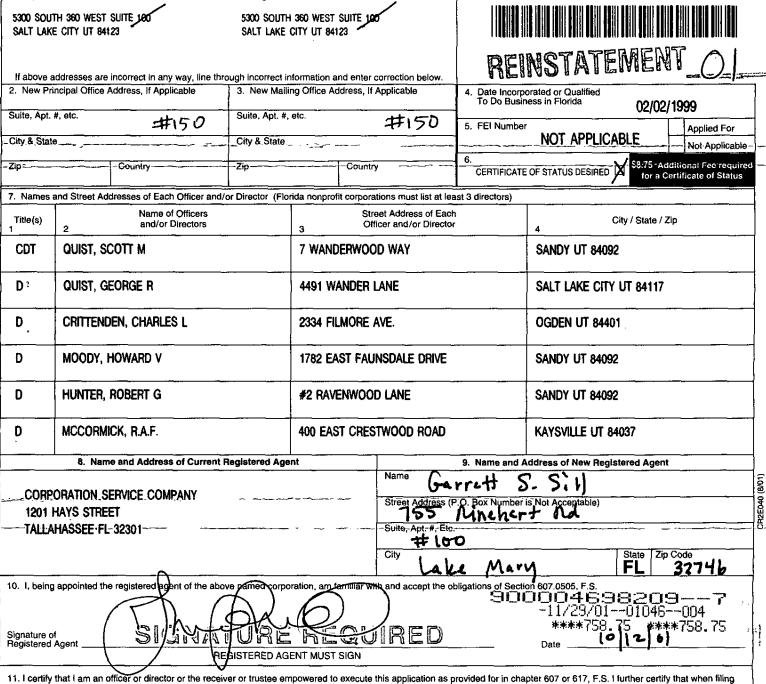
Principal Place of Business

SIGNATURE:

Mailing Address

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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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 part 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.

GNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR