## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

corporation REINSTATEMENT DOCUMENT # P040	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  07 JAN 17 PM 5: 43  SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name  COMPLETE MORTGA	GE Chosings, FAC	800026472008 01/30/0701005009 **450.00
2. Principal Office Address 10001 NW 11 THANOR Suite, Apt. #, etc.	3. Mailing Office Address  SAME  Suite, Apt. #, etc.	RENSTATION 05-07
City & State Springs FL	City & State  Sam E	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  Applied For
Zip Country U.S.A	Zip SAME Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name  Russell J. D'Anna  Street Address (P.O. Box Number is Not Acceptable)  10001 NW 11 Th MANOR  Suite, Apt. #, Etc.  City  Coral Sirings  State Zip Code FL 33071-4555		
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 Date 07-05-06		
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	
C.E.O Russell J. DVA	min 10001 NW 11 73 MM	7,6475,
EUP MARY ARIN D.	Anna 1000; NW 11 Th m	INA Coese Springs Fe 33071
VP STEVEN A.D.	ANNA 12801 GAMBE POPUM C	Ciècle Pravieres, IL 60585
10. Legitify that I am an officer or director or the recen	river or trustee empowers to exercise this application as a	provided for in chapter 607 or 617 E.S. I further certify that when filling
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, for 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 jisted or this application is true and accurate, and my structure shall have the structure (legal effect as if made under oath).  RUSSELL J - D A A A A A A A A A A A A A A A A A A		
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Dayline Phone #		

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## Complete Mortgage Closings, Inc.

"Florida's premier closing & signing services" 10001 NW 11<sup>th</sup> Manor Coral Springs, fl 33071-6555

Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attn: reinstatement section

Dear Sirs,

As per my conversation with Ms Marquita, I am enclosing the following sum of \$450.00, which represents the fee quoted for reinstatement.

As I explained to her I have <u>never</u> received any notices of any fees due to the state of Florida. I am very rapidly learning the hard way, that there is more to being a company than just trying to generate business. I have every piece of mail and every piece of correspondence since day one and I can honestly say that I have not received any documentation regarding this situation. The only changes to my corporation of any kind has been the address which changed December 13, 2006, to the above.

Please accept my sincere apology for any inconvenience as I had no idea about this annual fee. Please contact me at 954-914-0100 if any additional info is required or if you need to speak to me personally.

Thank you for your cooperation in handling this matter and have a great day.

Sincerely

Russell J. D'Anna President/C.E.O.

Enc.