
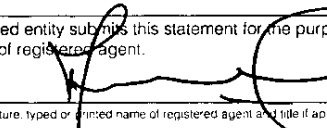
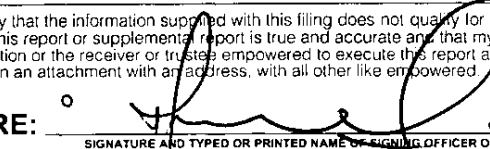


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

<b>DOCUMENT # P05000168215</b> 1. Entity Name SELECT MORTGAGE OF TAMPA BAY, INC.		 2006 OCT -5 AM 9:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA 78.75 09/13/06 01038 005
Principal Place of Business 3012 EAST FERN ST. TAMPA, FL 33610		Mailing Address 3012 EAST FERN ST. TAMPA, FL 33610
2. Principal Place of Business 1523 W Hillsborough Ave.		3. Mailing Address same
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Tampa Florida		City & State
Zip 33603	Country	Zip Country
4. FEI Number 20-4009302		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  IZAGUIRRE, FRANCISCO L 3012 EAST FERN ST. TAMPA, FL 33610		7. Name and Address of New Registered Agent Name IZAGUIRRE, FRANCISCO L. Street Address (P.O. Box Number is Not Acceptable) 7507 W CARACAS ST City Tampa FL Zip Code 33615
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
<b>FILE NOW!!! FEE IS \$150.00'</b> <b>After January 1, 2007, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZAGUIRRE, FRANCISCO L 3012 EAST FERN ST. TAMPA, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	President IZAGUIRRE, FRANCISCO L 7507 W CARACAS ST TAMPA Florida 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	300079669373 10/11/06--01027--002 **71.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	09/13/06--01038--005 **78.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

**Select Mortgage of Tampa Bay, Inc.**

September 21, 2006

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Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Loria Poole  
Documentation Specialist  
New Filing Section

Re: Letter Number, 006A00055404

Dear Ms. Poole,

Previously I had sent you the wrong form for the 2007 annual report along with a check for \$78.75.  
Enclosed please find the correct form and another check for the difference since the total is \$150.00.

If you need to contact me please call me at my office 813-237-4947 or cellullar number 813-277-6688.

Thank you

Francisco Izaguirre

Sincerely,

Your name goes here