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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013733

1. Corporation Name
MORTGAGE SERVICE CENTER OF SOUTH FLORIDA, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
1000 W. McNAB RD	
Suite, Apt. #, etc.: 232	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL	City & State
Zip: 33069 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/9/1996

5. FEI Number: 650638588 ☐ 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: MARSHA G. BRUNWORTH

Street Address (P.O. Box Number is Not Acceptable): 4975 NW 106TH WAY

Suite, Apt. #, Etc.:

City: CORAL SPRINGS State: FL Zip Code: 33076

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: Marsha Brunworth (REGISTERED AGENT MUST SIGN) Date: 6-25-01

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	MARSHA G. BRUNWORTH	4975 NW 106TH WAY	CORAL SPRINGS, FL 33076

CR2E081 (1/00)

10. I certify that I am an officer or director of 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: Marsha Brunworth, PRES. 6/20/01 954-514-4625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : MORTGAGE SERVICE CENTER OF SOUTH FLORIDA, INC.
Account Number : I20010000152
Phone : (954)214-4635
Fax Number : (954)827-7617

CORPORATION REINSTATEMENT

MORTGAGE SERVICE CENTER OF SOUTH FLORIDA, INC.

Certificate of Status	0
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