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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000089490

1. Corporation Name
FIRST MORTGAGE TRUST OF INDIAN RIVER INC.
852 SEMINOLE LANE
VERO BEACH, FL 32963

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
852 SEMINOLE LANE	852 SEMINOLE LANE
Suite, Apt. #, Etc	Suite, Apt. #, etc.
City & State: VERO BEACH FL	City & State: VERO BEACH FL
Zip: 32963 Country: US	Zip: 32963 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10-30-96

5. FEI Number: 65-0705236 (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: JOSEPH BIAMONTE
Street Address (P.O. Box Number is Not Acceptable): 852 SEMINOLE LANE
Suite, Apt. #, Etc:
City: VERO BEACH State: FL Zip Code: 32963

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: 6-21-04
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOSEPH BIAMONTE	852 SEMINOLE LANE	VERO BEACH FL 32963

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, 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 name of a deliverable listed on this form as currently for an exempt 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: _____ 6-21-04 954-456-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

FIRST MORTGAGE TRUST OF INDIAN RIVER, INC.

Certificate of Status	0
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