

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT -2 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300008341993--4  
-10/11/02--01084--012  
\*\*\*\*250.00 \*\*\*\*250.00

300008341993--4  
-10/11/02--01084--013  
\*\*\*\*500.00 \*\*\*\*500.00

DOCUMENT # P9700005666

1. Corporation Name

Market Share Mortgage Inc.

2. Principal Office Address

195 Wekiva Springs Rd.  
Suite, Apt. #, etc.  
350

City & State

Longwood FL

Zip

32779

Country

SEminole

3. Mailing Office Address

195 Wekiva Springs Rd.  
Suite, Apt. #, etc.  
350

City & State

Longwood FL

Zip

32779

Country

SEminole

4. Date Incorporated or Qualified  
To Do Business in Florida

6/26/97

5. FEI Number

59-3488632

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

Robert J. Newbauer

Street Address (P.O. Box Number is Not Acceptable)

195 WEKIVA SPRINGS RD.

Suite, Apt. #, Etc.

350

City

LONGWOOD

State

FL

Zip Code

32779

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

9/30/02

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
PRESIDENT	ROBERT J. NEUBAUER	973 PADDINGTON TERRACE	HEATHROW FL 32746

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 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:

*[Handwritten Signature]*

ROBERT J. NEUBAUER

9/30/02

407-389-0868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

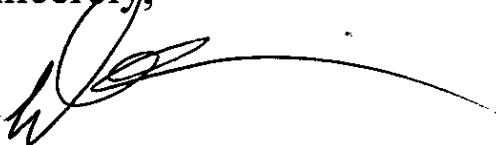
272

Monday, September 30, 2002

To Whom It May Concern:

I am writing this letter to inform you that I never received any formal charges for my company's incorporation articles. Further more, I would like to have any further charges to be waived. Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Newbeauer', with a long horizontal flourish extending to the right.

Robert J. Newbeauer

Charter Number Only

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Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

CORPORATION(S) NAME

Market Share Mortgage  
INC.

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Pick Up
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out



Empire Toll Free: 1-800-432-3028

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
AND SERVICES  
STATE OF NEW YORK

02 OCT - 2 AM 10:01

RECEIVED

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier