

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 19 PM 3: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000093054

1. Corporation Name

1ST RESIDENTIAL FUNDING, INC.

Principal Place of Business

Mailing Address

1755 W. BROADWAY ST. SUITE 1
OVIEDO FL 32766

1755 W. BROADWAY ST. SUITE 1
OVIEDO FL 32766



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/02/1998

SP

Suite, Apt #, etc.

Suite, Apt #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3540182

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	DANNA, LYNN STEPHENS	924 RED FOX ROAD	ALTAMONTE SPRINGS FL 32714
VT	WILLIAMS, RANDOLPH M	924 RED FOX ROAD	ALTAMONTE SPRINGS FL 32714

100003026191--0
-10/27/99-01054-010
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, RANDY
1755 W. BROWARD STREET, SUITE 1
OVIEDO FL 32765

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Randolph M. Williams
REGISTERED AGENT MUST SIGN

Date 10-12-99

11. 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.

467-977-5656

SIGNATURE:

Randolph M. Williams
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-99

Date Daytime Phone #