

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V00440**

FILED  
 99 SEP 17 AM 9:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1 Corporation Name  
**WATERFORD MORTGAGE BANK CORP.**

Principal Place of Business Mailing Address  
**5150 Tamiami Trail North, Suite 400  
 Naples, Florida 34103**

**REINSTATEMENT** 98-99 SP

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2 New Principal Office Address, If Applicable  
**5150 Tamiami Trail North**  
 Suite, Apt. #, etc. **#400**  
 City & State **Naples, FL**  
 Zip **34103**  
 Country **USA**

3 New Mailing Office Address, If Applicable  
**N/A**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4 Date Incorporated or Qualified To Do Business in Florida **12/06/91**  
 5 FEI Number **65-0282979**  
 Applied For Not Applicable  
 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Jack R. Pentz, II	5150 Tamiami Trail North, #400,	Naples, FL 34103

400002995174--2  
 -09/23/99--01065--012  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent  
**Laurie A. Smith  
 649 5th Avenue South  
 Naples, Florida**

9. Name and Address of New Registered Agent  
 Name **Karen S. Beavin, Esquire**  
 Street Address (P.O. Box Number is Not Acceptable)  
**307 Airport Road**  
 Suite, Apt. #, Etc.  
 City **Naples,** State **FL** Zip Code **34104**

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 *[Signature]* REGISTERED AGENT MUST SIGN Date **9-15-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12 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 re-statement 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **9/15/99** (941)262-4414 Daytime Phone #

CR2006 (12/98)