
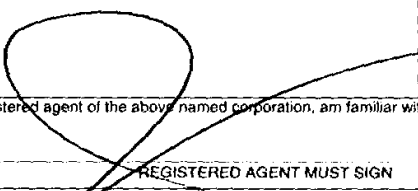
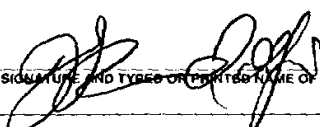


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 996000027544 1. Corporation Name <i>Aimed Mortgage Corporation</i>		FILED CLERK OF STATE DIVISION OF CORPORATIONS 99 JUL 26 AM 11:09	
Principal Place of Business <i>400 E. Highway 434</i> <i>Longwood, FL 32750</i>		Mailing Address <i>SAME</i>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <i>N/A</i>		3. New Mailing Office Address, If Applicable <i>N/A</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida <i>4/96</i>		5. FEI Number <i>59-3368462</i>	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$0.75 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
<i>P/D</i>	<i>Jim Pawlitz</i>	<i>411 MONTICELLO DR</i> <i>ALTAMONTE SPRINGS, FL 32701</i>	
<i>VP</i>	<i>ALEXANDER POLLAK</i>	<i>11 ESCANIDO CIR</i> <i>ALTAMONTE #103</i>	<i>ALTAMONTE SP</i> <i>#1, 32701</i>
<i>VP</i>	<i>Collins HENDRICKSON</i>	<i>1467 DEER LAKE CIR</i>	<i>APOPKA, FL 32712</i>
			<i>200002953302--1</i>
			<i>-08/06/99--01089--019</i>
			<i>****908.75 ****908.75</i>
			<i>DR 813</i>
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <i>John ENGELHARDT</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>1524 E. LIVINGSTON ST</i>	
		Suite, Apt. #, Etc.	
		City <i>ORLANDO, FL</i>	
		State <i>FL</i>	
		Zip Code <i>32803</i>	
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 		Date <i>7/22/99</i>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 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: 		Date <i>7/22/99</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>407-648-1986</i>	

CR2E081 (12/98)