

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


06 DEC -1 PM 4:16

## REINSTATEMENT 06



10062006 REIN-P CR2E098 (11/05)

**DOCUMENT # P05000057240**  
1. Entity Name  
NATIONSWAY MORTGAGE SERVICES, INC.



Principal Place of Business: 5511 NW 88 TERRACE, CORAL SPRINGS, FL 33067  
Mailing Address: 5511 NW 88 TERRACE, CORAL SPRINGS, FL 33067

2. Principal Place of Business: 4308 NW 103 Avenue  
3. Mailing Address: 4308 NW 103 Avenue  
Suite, Apt. #, etc.

City & State: Sunrise, Florida  
Zip: 33351 Country: USA

4. FEI Number: 20-2716246 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FERGUSON, CARLTON  
5511 NW 88 TERRACE  
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent  
Name: Ferguson, Joan  
Street Address (P.O. Box Number is Not Acceptable): 4308 NW 103 Avenue  
City: Sunrise FL Zip Code: 33351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Joan Ferguson* DATE: 11-30-06  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, CARLTON	NAME	Ferguson, Joan
STREET ADDRESS	5511 NW 88 TERRACE	STREET ADDRESS	4308 NW 103 Avenue
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP	Sunrise, FL 33351
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	800082209588
STREET ADDRESS		STREET ADDRESS	12/01/08--01040--015 **158.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan Ferguson* DATE: 11-30-06 (954) 347-8068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #