	. F	PLEASE	F READ A	ALL INST	BUCTI	ONS	BEFORE (ING THIS FORM		
APPLICATION 97 FOR REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			IT OF STATE tham tate	DIVISION TARY OF STATE				
DOCUMENT # 694875 1. Corporation Name HOMEOWNERS MORTGAGE CORPORAT						ATION II			T31 AMII:41	11/3	
Principal Place of Business Malling Ad 11301 N. 56TH STREET 11301 N. S					ress Th Street				 		
SUITE 12 SUITE 12				SUITE 12	RRACE FL 33617						
If above addresses are incorrect in any way, fine through incorrect in					oformation and enter correction helow			REINSTATEMENT 99			
					Herritation and Charles Controller Selecti			4. Date Incorp	Date Incorporated or Qualified To Do Business In Florida 07/16/1981		
				Suite, Apt. #				5. FEI Number		Applied For	
Zip Country				City & State Zip Country				6. So 75 Addition 15			
								CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Flori Title(a) Name of Officers and/or Directors					<u> </u>	Stre	et Address of Eac icer and/or Directo	h Ir	City / S	tate / Zip	
PD	D DANLEY, ROBERT G.				† <u>`</u>	3 (Do NOT Use Post Office Box Numbers) 11301 N. 56TH STREET			TEMPLE TERRACE FL		
STD	DANLEY, ROBERT G.				11301 N. 56TH STREET				TEMPLE TERRACE FL		
· · · · · · · · · · · · · · · · · ·				<u></u>					<u> </u>	• **	
								<u> </u>	000023371960 -11/04/9701023009 ****758.75 ****758.75		
8. Name and Address of Current Registered Agent Na							Name	9. Name and A	Address of New Registered	Agent	
DANLEY, ROBERT G 11301 N. 56TH STREET SUITE 12							Street Address (P.O. Box Number is Not Acceptable)				
						Suite, Apt. #, Etc.					
TEMPLE TERRACE FL 33617							City		State		
10. I, being Signature o Registered	appointed the	refisioned	XX	gistered ac	111		th and accept the c	obligations of Secti		_	
11. Th	is corpor angible F	ation o	wes or ha	s paid th	curre June 3	nt yea 80.	ar Yes 🗹	No 🗆		de for information ngible 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:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

10-27-87 813-185-8885 Date Daytimo Phone #