A32435

Florida Department of State
Division of Corporations
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LP/LLLP REINSTATEMENT

LS 12/5

MAIN STREET MORTGAGE COMPANY, LIMITED PARTNERSHIP

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November 29, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAIN STREET MORTGAGE COMPANY, LIMITED PARTNERSHIP
100 SECOND AVENUE SOUTH, SUITE 200 N
ST. PETERSBURG, FL 33701

SUBJECT: MAIN STREET MORTGAGE COMPANY, LIMITED PARTNERSHIP
REF: A32435

We have received your document for MAIN STREET MORTGAGE COMPANY, LIMITED PARTNERSHIP. However, the document has not been filed and is being returned for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H07000287461
Letter Number: 907A00067759

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/07)

DOCUMENT # A32435

1. Name of Limited Partnership
MAIN STREET MORTGAGE COMPANY, LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
100 SECOND AVENUE SOUTH	85 BROAD STREET
Suite, Apt. #, etc.: SUITE 200 N	Suite, Apt. #, etc.: ATTN: JULIE ABRAHAM
City & State: ST. PETERSBURG, FLORIDA	City & State: NEW YORK, NEW YORK
Zip: 33701-4338 Country: USA	Zip: 10004 Country: USA

4. Date Formed or Registered To Do Business in Florida: 1/7/1992

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $88.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1410 or 620.1908, Florida Statutes, I hereby accept the appointment as registered agent of the above stated entity. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): [signature] Assistant Vice-President and Secretary DATE: 11/27/07
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
MSMC, INC.	100 SECOND AVENUE SOUTH, SUITE 200 N	ST. PETERSBURG, FL 33701	P36747

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I hereby release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] DATE: November 27, 2007

Typed or Printed Name of General Partner Signing Form: SANG KIM, ASSISTANT SECRETARY OF MSMC, INC., GENERAL PARTNER Telephone Number: 212-802-1000