

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F00000001112

1. Corporation Name

GREENWICH HOME MORTGAGE CORP.

Principal Place of Business

Mailing Address

240 CEDAR KNOLLS ROAD  
CEDAR KNOLLS NJ 07927

240 CEDAR KNOLLS ROAD  
CEDAR KNOLLS NJ 07927

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/2000

5. FEI Number

22-3261370

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	BRAGG, STEPHEN F	823 SUMMIT RIDGE ROAD	BRIDGEWATER NJ 08807
VD	BROWN, JAMES M	74 JODI LAND	MEYERSVILLE NJ 07933
SD	MARROSU, DANIEL R	<del>238 COLD SPRING LANE</del> 302 Charleston Lane	<del>BRIDGEWATER NJ 08807</del> Neshanic Station, NJ 08853
TD	MAHER, TIMOTHY W	233 WHITFORD AVENUE	NUTLEY NJ 07110
VD	Wasylak, Daniel	31 Davenport Way	Hillsborough, NJ 08844

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (R.O. Box Number Not Acceptable)

Suite, Apt. #, Etc.

City

0000004653820-3

10/25/01-01075-019

\*\*\*\*750.00 zip 088750.00

FL

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

*Jonathan P. Giddings*  
Jonathan P. Giddings  
Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date

10/16/01

11. 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:

*Stephen F. Bragg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E04D (8/01)