

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 OCT 31 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/05/02--01047--007 \*\*8.75

REINSTATEMENT 02

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F00000001959</b>			
<b>1. Corporation Name</b> Homebanc Mortgage Corporation			
<b>2. Principal Office Address</b> 5555 Glenridge Connector; Ste 800 Suite, Apt. #, etc. Suite 800 City & State Atlant, GA Zip 30342 Country USA		<b>3. Mailing Office Address</b> 5775-E Glenridge Drive Suite, Apt. #, etc. Suite 500 City & State Atlanta, GA Zip 30328 Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/06/2000	
<b>5. FEI Number</b> 582532745	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue Suite, Apt. #, Etc.	
City Tallahassee	State FL Zip Code 32301

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent Alison Hand ASST secy  
REGISTERED AGENT MUST SIGN

Date 10/31/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	Patrick S. Flood	5555 Glenridge Connector; Ste 800	Atlanta, GA 30342
VS	Charles W. McGuire	5555 Glenridge Connector; Ste 800	Atlanta, GA 30342
VT	Steven McLelland	5555 Glenridge Connector; Ste 800	Atlanta, GA 30342
D	Ken Rardin	5555 Glenridge Connector; Ste 800	Atlanta, GA 30342
D	Edgar Jannotta, Jr.	5555 Glenridge Connector; Ste 800	Atlanta, GA 30342

**10. 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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. McGuire

10/29/02

Date

(404) 459-7400

Daytime Phone #

CR2E081 (9/01)

js 10/31/02