

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002220

1. Corporation Name

FIRST HALLMARK MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

~~360 EAST MAIN STREET
SOMERVILLE NJ 08876~~

~~360 EAST MAIN STREET
SOMERVILLE NJ 08876~~

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.

2 EXECUTIVE DRIVE, STE 140

2 EXECUTIVE DRIVE, STE 140

City & State

City & State

SOMERSET, NJ

SOMERSET, NJ

Zip

Country

Zip

Country

08873

SOMERSET

08873

SOMERSET

4. Date Incorporated or Qualified To Do Business in Florida

04/21/2000

5. FEI Number

22-3682843

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WIERTEL, BRIAN T	102 SECOND AVENUE	RARITAN NJ 08869

500024103685
10/27/03--01023--016 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE FL 32301

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03
Date

908-203-8680
Daytime Phone #

CR2E040 (7/03)