

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

**APPLICATION
 FOR
 REINSTATEMENT**

FILED

01 OCT 18 PM 3:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F0000003531

1. Corporation Name

FUTURE MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

66-R CHESTNUT STREET N.
 READING MA 01864

66-R CHESTNUT STREET N.
 READING MA 01864



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

4. Date Incorporated or Qualified To Do Business in Florida

06/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-2048883

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CDPV	DEMAIO, FRANK	66-R CHESTNUT STREET N.	READING MA 01864
ST	DEMAIO, FRANK	66-R CHESTNUT STREET N.	READING MA 01864
			500004659155--3 -10/30/01--01052--010 ***750.00 ***750.00 TS
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COMPLIANCE CONSULTING CORPORATION OF FLORIDA
 407 S. DIXIE HIGHWAY, SUITE 5
 LAKE WORTH FL 33460

Name

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.

Signatures of Registered Agent

Signature Required
 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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

978-664-7884

CR2E040 (8/01)