PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLWEB

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 31 PM 1:31

DOCUMENT # F00000005360

1. Corporation Name

WFS MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
50 MT. BETHEL RD. WARREN NJ 07059	50 MT. BETHEL RD. WARREN NJ 07059

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: 09/21/2000

5. FEI Number: 22-3281532 ☐ 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
CD	FELDMAN, DANIEL	50 MT. BETHEL RD.	WARREN NJ
P	FELDMAN, SALLY	50 MT. BETHEL RD.	WARREN NJ

000004695190--1
-11/27/01--01051--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CARUSO, ROBERT
1322 SEAGATE DR.
PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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: SIGNATURE REQUIRED Date: 10/29/01

REGISTERED AGENT MUST SIGN

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 Sally Feldman, President 10/23/01 908-769-3850 x13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WFS MORTGAGE SERVICES, INC.
50 Mt. Bethel Road • Warren, NJ 07059 • 908-769-3950 FAX: 908-769-3952

October 23, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

Please be advised that I did not receive the necessary forms to complete to satisfy the filing report. I apologize for the late filing of this report. Please accept the enclosed $150.00 to reinstate the corporate status in Florida.

Thank you for your consideration of this request.

Very truly yours,

Sally Feldman

Sally Feldman
President

Member of
LML
League of Mortgage Lenders