PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 27 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-06

DOCUMENT # F00000006055

1. Corporation Name

American Fidelity Mortgage Corp. d/b/a AFM Mortgage Corp.

2. Principal Office Address	3. Mailing Office Address
1896 Morris Avenue	1896 Morris Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Union, NJ	City & State: Union, NJ
Zip: 07083 County: Union	Zip: 07083 County: Union

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida: 10-30-00

5. FEI Number: 22-3752867 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 06/22/06

Ariene Bernal
REGISTERED AGENT (PRINT) Vice President

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Frank Martins	8 Oxford Court	Matawan, NJ 07747
V.P.	Manuel Martins	43 Margaret Court	Toms River, NJ 08753

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 the officers listed on this form do not qualify for an exemption contained in Chapter 119, 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] 06/19/2006 (908)226-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EL010 - 01/01/2005 CT System Online

29-2

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000167276 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

AFM MORTGAGE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,500.00

Electronic Filing Menu Corporate Filing Menu Help