

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 MAR -3 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006094

W03000004722

**1. Corporation Name**

Discount Mortgage Center, Inc.

**2. Principal Office Address**  
68 Cumberland Street

**3. Mailing Office Address**  
Same as #2

Suite, Apt. #, etc.  
Plaza Center, Suite 200

Suite, Apt. #, etc.  
Same

City & State  
Woonsocket, RI

City & State  
Same

Zip  
02895

Country  
USA

Zip  
Same

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10/31/00

**5. FEI Number**  
05-0498140

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ \$375 Additional Fee required  
for a Certificate of Status

**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 617.0503, F.S.**

Signature of  
Registered Agent

**SALVINA AMENTA-GRAY**

Date

2-28-03

REGISTERED AGENT MUST SIGN **SPECIAL ASSISTANT SECRETARY**

**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
P, D	Jaime DeSousa	68 Cumberland Street, #200	Woonsocket, RI 02895

**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:**

Jaime DeSousa, President

800-863-5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)