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MJH

November 9, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800003467928--4
-11/16/00--01088--004
*****78.75 *****78.75

RE: ATLANTIC MORTGAGE CORP.

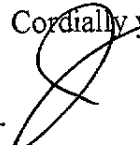
d/b/a
ATLANTIC MORTGAGE CORP.
OF NJ

Dear Sir or Madam:

Enclosed is duplicate Application for Authorization and Resolution of Board of Directors of the above company for filing with your office, together with Certificate of Standing and our \$78.75 check to cover filing and Certificate fees.

Please send your usual acknowledgment and receipt to this office when the filing has been completed. Thank you.

Cordially yours,


Joseph J. Collopy
Vice-President

JJC/mag

Enclosures

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 16 PM 4:38

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned FRANK V. PELLEGRINI, do hereby certify
(Name)

that this Resolution of the Board of Directors of ATLANTIC MORTGAGE CORP.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of NEW JERSEY,

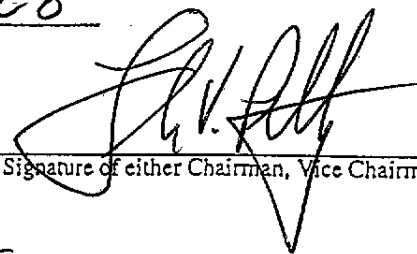
was duly adopted on NOV 3, 2000.

Be it resolved, that ATLANTIC MORTGAGE CORP.,
(Corporate Name)

organized and existing in the State of NEW JERSEY, hereby adopts the name

ATLANTIC MORTGAGE CORP. OF NJ for use in Florida.

Dated: 11-3-00


Signature of either Chairman, Vice Chairman or any officer

FRANK V. PELLEGRINI - PRES
Type or print name

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 16 PM 4:38

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:*

ATLANTIC MORTGAGE CORP.

1. _____
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW JERSEY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPT 6, 2000 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 202 SHENANDOAH ROAD, CINNAMINSON, NJ 08077

(Current mailing address)

8. MORTGAGE SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)

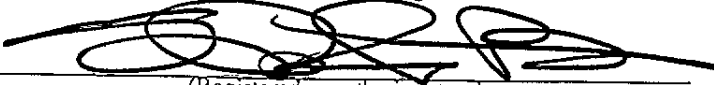
Name: EDWIN F. BLANTON

Office Address: 825 THOMASVILLE ROAD

TALLAHASSEE, Florida, 32303
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DIVISION OF CORPORATIONS
NOV 16 PM 4:38

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: FRANK V. PELLEGRINI

Address: 202 SHENANDOAH ROAD
CINNAMINSON, NJ 08077

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: FRANK V. PELLEGRINI

Address: 202 SHENANDOAH ROAD
CINNAMINSON, NJ 08077

Vice President: _____

Address: _____

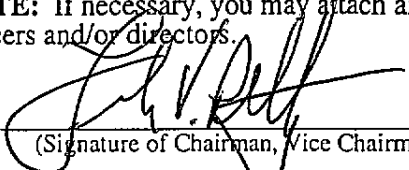
Secretary: FRANK V. PELLEGRINI

Address: 202 SHENANDOAH ROAD
CINNAMINSON, NJ 08077

Treasurer: FRANK J. PELLEGRINI

Address: 202 SHENANDOAH ROAD
CINNAMINSON, NJ 08077

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FRANK V. PELLEGRINI - PRES
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ATLANTIC MORTGAGE CORP.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on September 6, 2000.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

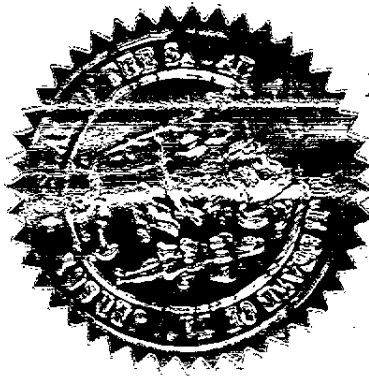
*I further certify that the registered agent and
registered office are:*

*William N Levy
Ste 309 Plaza 1000
Main St
Voorhees, NJ 08043*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ATLANTIC MORTGAGE CORP.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
2nd day of November, 2000

Roland M Machold

Roland M Machold
Treasurer