

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 28 PM 12:53

DOCUMENT # F01000000 738

1. Corporation Name

Real Estate Mortgage Network, Inc.

2. Principal Office Address

70 Grand Ave

Suite, Apt. #, etc.

109

City & State

River Edge NJ

Zip

07661

Country

USA

3. Mailing Office Address

70 Grand Ave

Suite, Apt. #, etc.

109

City & State

River Edge NJ

Zip

07661

Country

USA

300020569653
06/06/03--01066--022 **900.00
REINSTATEMENT *02-03*

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/31/02

5. FEI Number

22 312 3730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**Ca.75 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, FL

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

[Signature]

Jill E. Kranz

Assistant Secretary

Date

5/22/03

REGISTERED AGENT MUST SIGN

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
<i>President</i>	<i>Douglas Rotella</i>	<i>70 Grand Ave NJ River Edge</i>	<i>River Edge NJ 07661</i>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/20/03

Daytime Phone #

201 498 9300