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04 FEB 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-04

DOCUMENT # F01000002854

1. Corporation Name

Ideal Mortgage Bankers, Inc.

2. Principal Office Address	3. Mailing Office Address
One Old Country Road	201 Old Country Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 300	
City & State	City & State
Carle Place, NY	Melville, NY
Zip / Country	Zip / Country
11514 / US	11747 / US

4. Date Incorporated or Qualified To Do Business In Florida 5/29/01

5. FEI Number 112683197 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Blumbergexcelsior Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 4435 Old Winter Garden Road

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32811

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: MT ASST SECY — Date: 2-19-04

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
D/P	Kevin McFadzen	44 Oxford Road	Rockville Centre, NY 11570
D/CEO	Michael Primeau	11 Elm Street	Lynbrook, NY 11563
S/VP	Helene DeCillis	15 Renown Street	Lake Grove, NY 11755
CFO	Timothy Mayette	15 Gingerbread Road	Kings Park, NY 11754

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: Helene DeCillis — 2/13/04 — (631) 944-6800

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

BLUMBERGEXCELSIOR
Q00-221-2972X575

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Florida Department of State
Division of Corporations
Public Access System

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

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

CORPORATION REINSTATEMENT

IDEAL MORTGAGE BANKERS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75

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