CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # FOLOGOOD 4356  1. Corporation Name  One Source Movingue Corporation of New Terrey  2. Principal Office Address  3. Mailing Office Address  3. White Apr #, etc.  5072  City & State  Facken Sade, NT  City & State  To Do Business in Principal  City & State  To Do Business of Poincipal	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
DOCUMENT # F01000004336  1. Corporation Name  One Surce Mortgace Curporation of New Jerrey  2. Principal office Actives  3. Maling Crice Actives  4. Dale Incorporated or Cualified  To De Bullineses in Provide  5. Fit Market Port Crice  For Active State Actives and Country  Country  6. Centricate of State Actives and State Crice Actives  7. Name and Address of Current Registered Agains  Name  Florida Compliant of Country  Country  6. I, being appointed the inguillative digital for the active Actives  Country  Country  6. I, being appointed the inguillative digital for the active Actives  Country  Country  6. I, being appointed the inguillative digital for the active Actives  Country  6. I, being appointed the inguillative digital for the active Actives  Country  6. I, being appointed the inguillative digital for the active Actives  Country  6. I, being appointed the inguillative digital for the active Actives  Country  6. I, being appointed the inguillative digital for the active Actives  Country  6. I, being appointed the inguillative digital for the active Actives  Country  6. I, being appointed the inguillative digital for the active Active and Each  Country  6. I, being appointed the inguillative digital for the active Active and Each  Country  6. I, being appointed the inguillative digital for the active Active and Each  Country  6. I, being appointed the inguillative active Active and Each  Country  6. I, being appointed the inguillative active Active and Each  Country  6. I, being appointed the active Active and Each  Country  6. I, being appointed the active Active and Each  Country  6. I, being appointed the ac	CORPORATION	FLORIDA DEPARTMENT OF STATE Secretary of State	05 MAY 20 PM 2: 06 SECRETARY OF STATE	
3 University Plaza Suite, Apr. 8, etc.  Suite, Apr.	DOCUMENT # F01000004356			
Name and Address of Current Registered Agent	3 University Plaza Suita, Apr. #, etc. 507  City & State Hacken Sack, NJ  Zip   Country	Suite, Apt. #, etc.  City & State	To Do Business in Florida 8   1 le 0    5. FEI Number 22 - 354 le 822   Applied For Not Applicable	
8. I, being appointed the registored agent of the above named corporation, am familiar with and accept the obligations of section 607,0005 or 617,0003, F.S.  Signature of Registered Agent 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 Officers and/or Directors Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Pres. Shawn Miller S Huyler Landing Rad Cresskill, No or 1626  Secy Swanne Miller S Huyler Landing Rad Cresskill, No or 1626  Secy Swanne Miller S Huyler Landing Rad Cresskill, No or 1626  Secy Swanne Miller S Huyler Landing Rad Cresskill, No or 1626  10. Lectify that I am an officer or director or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this relinstation application, the mason for dissolation has been estimated, the corporate name subtifies the requirements of section 607,0401 or 617,0401, F.S., that all fees over dry has been paid and the names of with the name singular or this application is true and accurate, and my signature shall have the same legal effect as if made under certify.  SIGNATURE: Signature	7. Name and Address of Current Registered Agent  Name Florida Compliance  Street Address (P.O. Box Number 18 Not Acceptable)  2331 Hansen Pace			
9. Names and Street Addresses of Each Officer and/or Director (Florida morprofit corporations must list at least 3 directors)  Titles				
Pros. Shawn Miller 5 Huyler Landing Road Cresskill, NO 1626 Secy Susanne Miller 5 Huyler Landing Road Cresskill, NO 1626 Secy Susanne Miller 5 Huyler Landing Road Cresskill, NO 1626 Secy Susanne Miller 5 Huyler Landing Road Cresskill, NO 1626 Secy Susanne Miller 5 Huyler Landing Road Cresskill, NO 1626 Secy Susanne Miller 5 Huyler Landing Road Cresskill, NO 1626 Secy Susanne Miller 5 Huyler Landing Road Cresskill, NO 1626 Secy Susanne Miller 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 aection 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals island on this application is true and accurate, and my signature shall have the same legal effect as it made under cert.  SIGNATURE: 5 13/65 201-300-1104	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 Pate Page Page Page Page Page Page Page Pag			
Pres. Shawn Miller 5 Hoyler Landing Road Cresskill, ND 07626 Secy Susanne Miller 5 Hoyler landing Road Cresskill, ND 07626  Secy Susanne Miller 5 Hoyler landing Road Cresskill, ND 07626  105/20/05-01056-007 **300.00  10.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been etmilinated, the corporate name satisfies the requirements of section 807.0401 or 817.0401. F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form 00 net quality for an exemption under section 119.07(3)(1), 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 ceth.  SIGNATURE: 5 13/65 201-300-1104	9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at les	est 3 directore)	
Secy Susanne Miller 5 Huyler landing Road Cresskill, Not 07626  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 807 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 accion 807,0401 or 817,0401, F.S. that all fees over by the corporation have been paid and the names of individuals listed on this form 40 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 ceth.  SIGNATURE:			City / State / Zip	
Secy Susanne Miller 5 Huyler landing Road Cresskill, Not 07626  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 807 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 accion 807,0401 or 817,0401, F.S. that all fees over by the corporation have been paid and the names of individuals listed on this form 40 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 ceth.  SIGNATURE:	Pres. Shawn Miller	5 Houler Lan	ding Rand Cresskill NOOTHELD	
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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 filling 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 individuats 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 eath.  SIGNATURE:  5 13 65 201-300-1004			JR5/26	
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)(j), 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 eath.  SIGNATURE:  5 13 65 201-300-100-1			900054921879 05/20/0501056007 **300.00	
on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.  SIGNATURE:  5 13 65 201-300-110-1	this reinstatement application, the reason for disso	Bution has been eliminated, the coronate name satisfies (	the requirements of section 607 D401 or 617 D404 E.C. that all foor	
	on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.  SIGNATURE:  5 13 65 201-300-110-4			

## ONE SOURCE MORTGAGE CORPORATION RESIDENTIAL & COMMERCIAL MORTGAGES

May 13, 2005

Department of State 409 E. Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

We never received our annual report in the mail. We think that when we moved to our new address in April 2005, some of our mail was not forwarded.

Please call me if there is anything I would have to do in order to correct this situation. Enclosed is \$300 for 2004 & 2005. Thank you for your time.

Sincerely,

Shawn Miller