

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY 27 PM 12:48

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FD1000004734

1. Corporation Name
Regional Mortgage Programs, Inc.2. Principal Office Address
1370 Plainfield Pike

Suite, Apt. #, etc.

3. Mailing Office Address
1370 Plainfield Pike

Suite, Apt. #, etc.

4. City & State
Cranston RI

Zip 02920 Country USA

City & State
Cranston RI

Zip 02920 Country USA

600037374386
05/27/04-01039--007 ***\$50.00

REINSTATEMENT 02-04

600037374386
05/27/04-01039--008 **8.754. Date Incorporated or Qualified
To Do Business in Florida 9/6/015. FEI Number 05-0454518 Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required
for a certificate of status

7. Name and Address of Current Registered Agent

Name CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)

1200 S. 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

TRACI HOUCK

Date 5/25/04

REGISTERED AGENT/RESPONSIBLE ASSISTANT SECRETARY

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Joseph L. Kilduff	10 Basil Crossing	Cranston, RI 02920
Treas.	Joseph L. Kilduff	10 Basil Crossing	Cranston, RI 02920
Sec.	Joseph L. Kilduff	10 Basil Crossing	Cranston, RI 02920
Dir.	Joseph L. Kilduff	10 Basil Crossing	Cranston, RI 02920

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Kilduff 5/25/04 401-275-0600

Date

Daytime Phone #