FILED

04 MAY 27 PM 12:48

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

DOCUMENT # F01000004734

600037374386
05/27/04--01039--007 **050.00
REINSTATEMENT 02-04
600037374386
05/27/04--01039--008 **8.75

1. Corporation Name: Regional Mortgage Programs, Inc.

2. Principal Office Address	3. Mailing Office Address
1370 Plainfield Pike	370 Plainfield Pike
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cranston RI	City & State: Cranston RI
Zip: 02920 Country: USA	Zip: 02920 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/6/01

5. FEI Number: 05-0454518 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 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 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 ASSISTANT SECRETARY
REGISTERED AGENT/PRESIDENT

Date: 5/25/04

CR2E031 (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
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)(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: Joseph L. Kilduff 5/25/04 401-275-0600
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR — Date — Daytime Phone #

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