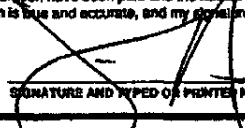


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY 27 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # F01000004734 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. Date Incorporated or Qualified To Do Business in Florida 9/6/01 5. FEI Number 05-0454518 6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status																													
City & State Cranston RI Zip 02920 Country USA		City & State Cranston RI Zip 02920 Country USA		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 607.0605 or 617.0503, F.S. Signature of Registered Agent  TRACI HOUCK Date 5/25/04 REGISTERED AGENT / ASSISTANT SECRETARY																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Joseph L. Kilduff</td> <td>10 Basil Crossing</td> <td>Cranston, RI 02920</td> </tr> <tr> <td>Treas</td> <td>Joseph L. Kilduff</td> <td>10 Basil Crossing</td> <td>Cranston, RI 02920</td> </tr> <tr> <td>Sec.</td> <td>Joseph L. Kilduff</td> <td>10 Basil Crossing</td> <td>Cranston, RI 02920</td> </tr> <tr> <td>Dir.</td> <td>Joseph L. Kilduff</td> <td>10 Basil Crossing</td> <td>Cranston, RI 02920</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						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								
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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 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 118.07(3)(f), 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 Date 5/25/04 Daytime Phone # 401-275-0600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	

CORP-00000000

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