


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000005943 1. Entity Name ALLETE MORTGAGE CORPORATION						FILED 07 APR 20 PM 1:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 810 W. THIRD ST. MARION, IN 46952				Mailing Address 810 W. THIRD ST. MARION, IN 46952					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
4. FEI Number 35-2149475				Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						REINSTATEMENT 06-07			
6. Name and Address of Current Registered Agent MILLER, CHAD 212 S. 14TH ST COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE <u><i>Chad Miller</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u><i>Chad Miller</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>				DATE <u><i>4-15-07</i></u>	
FILE NOW!!! FEE IS \$900.00									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JOHNSON, LYNN A 533 E. SHERMAN ST. MARION, IN 46952 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STREIB, BETTY E 810 1/2 W. THIRD ST MARION, IN 46952 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600102633036 05/16/07--01026--006 **900.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE <u><i>Lynn A. Johnson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>Lynn A. Johnson</i></u> <small>Date</small>				<u><i>4.10.2007 765-668-0900</i></u> <small>Daytime Phone #</small>	