PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR (REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary State DIVISION OF CORPORATIONS

DOCUMENT #

F01000006335

1. Corporation Name

CAPITOL COMMERCE MORTGAGE CO.

Principal Place of Business

Mailing Address

3600 AMERICAN RIVER DRIVE, STE 150 SACRAMENTO CA 95864

3600 AMERICAN RIVER DRIVE. STE 150 SACRAMENTO CA 95864

FILED

03 FEB 17 AM 11:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.							800011410608 01/30/0301095001 **750.00			
New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt.				ailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 12/11/2001				
City & State City			City & State	City & State			5. FEI Number 94-2527969 Applied For Not Applicab			
Zip _		Country	Zip		-Country-	6. CERTIFICAT	E OF STATUS DESIRED 1	\$8.75 Additi	onal Fee required ficate of Status	
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (FI	orida nonprofi	it corporations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PCD	SORDI, CHRIS B			3600 AMERICAN RIVER DR., STE 150			SACRAMENTO CA			
VD	PRUDLER, PAUL W			3600 AMERICAN RIVER DR., STE 150			SACRAMENTO CA			
STD	PEARCE, RODNEY			3600 AMERICAN RIVER DR., STE 150			SACRAMENTO CA			
_										
	8. Name	and Address of Current	Registered Age	ent		0. None and				
					9. Name and Address of New Registered Agent Name					
236 EA	ORP, INC. AST 6TH AVE				Street Address (P.	O. Box Number). Box Number is Not Acceptable)			
TALLAHASSEE FL 32303					-Suite, Apt."#, Etc.	-Suite, Apt.*#, Etc.				
			<u>.</u> .		City			State Zip Cod	8	
10. I, being Signature of		Ó			miliar with and accept the obl	ligations of Section	on 607.0505, F.S. or 61	7.0505, F.S.		

MOGNATION LEDUIRED Registered Age REGISTERED AGENT MUST SIGN

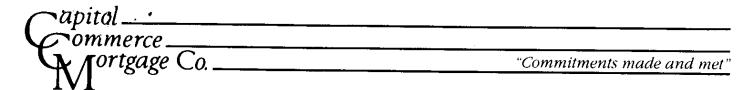
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the fames 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



February 12, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: F01000006335

Please find enclosed the returned Reinstatement application that was rejected by this department. The attached letter states that we did not submit the correct fees and paperwork stating that we needed to submit both a reinstatement application annual report and uniform business report. In addition the fees were short by \$150.00. In addition it stated we need to submit a letter of non-receipt of the original UBR report to waive the late fees.

The original reinstatement application was submitted per the instruction given to me by a representative of your department. The letter enclosed is very confusing and asks for numerous items. To clarify I spoke with Barbara in your department and she furthermore states that all we needed to submit were the reinstatement application, and a letter stating we did not receive the original UBR report. Additionally she states that the fees we submitted were incorrect and in fact we need to request a refund for overpayment.

In accordance with Barbara's direction I have submitted the returned items, including the application for reinstatement, registered agent consent, letter stating non receipt of original and this letter of explanation requesting a refund of overpayment.

In addition I would like to make certain that in the future the UBR reports are forwarded to our corporate location at:

Capitol Commerce Mortgage Co. 3600 American River Drive, Suite 150 Sacramento, CA 95864

Attention: Karyn Kiger

Thank you for your assistance

Sincerely,

Executive Assistant

Enclosures







