PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
'04 APR -9 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400032263924
04/09/04--01029--009 **900.00

400032263924
04/09/04--01029--008 **8.75

DOCUMENT # P02000028801

1. Corporation Name
The Mortgage Zone, Inc.

2. Principal Office Address	3. Mailing Office Address
4700 Richmond Rd.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#100	
City & State	City & State
Warrensville Hts. OH	
Zip / Country	Zip / Country
44128 / USA	

4. Date Incorporated or Qualified To Do Business in Florida: 6-5-02

5. FEI Number: 34-1871731 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION System C/o 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 617.0505, F.S.

Signature of Registered Agent: CT Corporation System — Gil S. Apelis, Asst. Secretary — Date: 4/6/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
MR.	ALAN SCHIFF, PRESIDENT	4700 Richmond Rd	Warrensville Hts. OH 44128
		PRESIDENT	03-04

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: /Alan Schiff — 4/7/04 — 216-825-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alan Schiff 4/7/04