

10/3/03 01084 025 *550.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 11 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F02000003953

1. Corporation Name

AA SCHOOL OF MORTGAGE LENDING, INC.

2. Principal Office Address

800 BELLEVUE WAY NE

3. Mailing Office Address

800 BELLEVUE WAY NE

Suite, Apt. #, etc.

4th FLOOR

Suite, Apt. #, etc.

4th FLOOR

City & State

BELLEVUE, WA

City & State

BELLEVUE, WA

Zip

98004

Country

USA

Zip

98004

Country

USA

REINSTATEMENT

03
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2002

5. FEI Number

91-1710552

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

A1A REGISTERED AGENT INC.

500025635965

200.00

Street Address (P.O. Box Number is Not Acceptable)

92 SADBERRY ROAD

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32351

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

Paul Smith

PAUL SMITH

Date 12-04-03

REGISTERED AGENT MUST SIGN

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
C	WILLIAMS, SUSAN	48 INEZ ST.	NARRAGANSETT, RI 02882
D	PFEIFERS, WILLIAM D	48 INEZ ST.	NARRAGANSETT, RI 02882

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:

Susan Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN WILLIAMS

12-10-03

Date

Daytime Phone #

401.
189.2047

CR2E081 (9/01)