

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005409

1. Corporation Name

Home Mortgage Resources Inc.

2. Principal Office Address

3125 Dominica Way

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

USA

3. Mailing Office Address

3125 Dominica Way

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/28/2002

5. FEI Number

341945216

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

Sheri L. Grassi

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

3125 Dominica Way

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

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

Sheri L. Grassi

Date 12/11/03

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
p	Robert E. Grassi	3125 Dominica Way	Naples, FL 34119
s	Beverly J. Brown	9590 Taylor May Road	Chagrin Falls, Ohio 44023

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:

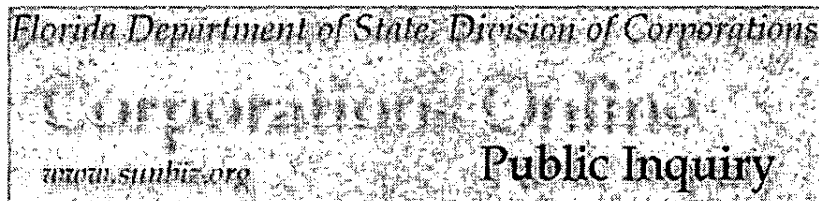
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Grassi

12/11/2003

239-598-4264

CR2E001 (10/02)

**Foreign Profit****HOME MORTGAGE RESOURCES INC.****PRINCIPAL ADDRESS**

24748 AURORA ROAD
BEDFORD HTS OH 44146

MAILING ADDRESS

24748 AURORA ROAD
BEDFORD HTS OH 44146

Document Number
F02000005409

FEI Number
341945216

Date Filed
10/28/2002

State
OH

Status
INACTIVE

Effective Date
NONE

Last Event
REVOKED FOR ANNUAL
REPORT

Event Date Filed
09/19/2003

Event Effective Date
NONE

Registered Agent

Name & Address
LAURICELLA, DENISE 10189 BOCA CIRCLE NAPLES FL 34109

Officer/Director Detail

Name & Address	Title
GRASSI, ROBERT E 735 SOUTH SUSSEX COURT AURORA OH 44202	P
BROWN, BEVERLY J 9590 TAYLOR MAY ROAD CHAGRIN FALLS OH 44023	S

Home Mortgage Resources Inc.
3125 Dominica Way
Naples, Florida 34119

December 11, 2003

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

Dear Sir or Madam:

Thank you for helping me today to get my corporation re-instated. Your help on how to use the website was great. I have enclosed the re-instatement form along with a check for \$150.00.

I did not receive any paperwork or notice from you in 2003. I would like to have the late fee waived. I am now living in Florida and look forward to doing business here.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. E. Grassi', with a stylized flourish at the end.

Robert E. Grassi