

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2016 SEP 20 AM 6:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
DIVISION OF CORPORATIONS

**DOCUMENT #** F03000002299

1. Corporation Name

Seacoast Mortgage Corporation

2. Principal Office Address - No P.O. Box #

267 Newport Avenue

Suite, Apt. #, etc.

City & State

Pawtucket, Rhode Island

Zip

02861

Country

USA

3. Mailing Office Address

267 Newport Avenue

Suite, Apt. #, etc.

City & State

Pawtucket, Rhode Island

Zip

02861

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/2003

5. FEI Number

04-3586367

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

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

700290404937  
09/20/16--01011--006 \*\*1500.00

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 Janifer Vincent C/O CT Corporation System  
Vice President and Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date 07/18/2016

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	ANN M. SABBAGH	71 CHIPPING STONE ROAD	NORTH ATTLEBORO MA 02760
D	ANN M. SABBAGH	71 CHIPPING STONE ROAD	NORTH ATTLEBORO MA 02760
M	ANN M. SABBAGH	71 CHIPPING STONE ROAD	NORTH ATTLEBORO MA 02760

REINSTATEMENT

SEP 20 2016

R. HUNT

10. E-mail Address: ASABBAGH@SEACOASTMORTGAGE.COM

(To be used for future annual report notification)

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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Ann M. SABBAGH 9-12-16 401-475-1600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #