2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT 30 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000002482

1. Entity Name
N A NATIONWIDE MORTGAGE CORP.

Principal Place of Business	Mailing Address
26361 CROWN VALLEY PARKWAY SUITE 200 MISSION VIEJO, CA 92691-6305 US	26361 CROWN VALLEY PARKWAY SUITE 200 MISSION VIEJO, CA 92691-6305 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10282008 REIN-P CR2E098 (1/07)

4. FEI Number 33-0828099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	Name: InCorp Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 17888 67th Court North City: Loxahatchee FL Zip Code 33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Janice Null Janice Null on behalf of Incorp Services, Inc. 10/29/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST WHEELER, NOELLE 26361 CROWN VALLEY PKWY, SUITE 200 MISSION VIEJO, CA 92691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000137483300 10/30/08--01033--003 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WHEELER, NOELLE 26361 CROWN VALLEY PKWY, SUITE 200 MISSION VIEJO, CA 92691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE NOELLE WHEELER 10/28/08 949-588-8453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

N. WHEELER 10/29/08 949 588-8453 x228

10/30