

pg 10F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUN 12 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004770

1. Corporation Name

Everett Financial, Inc.

W06-25642

2. Principal Office Address
17290 Preston Rd

3. Mailing Office Address

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.

City & State
Dallas, TX

City & State

Zip
75252

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 09/25/2003

5. FEI Number
75-2695327

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

C T 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

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

Scott Everett, Asst. Secy.
REGISTERED AGENT MUST SIGN

Date

5-23-06

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
Pres	Scott Everett	5814 Brushy Creek Tr	Dallas, TX 75252
		<i>[Signature]</i>	

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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 contained in Chapter 119, 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:

Scott Everett

05/23/2006

214.340.5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUPREME LENDING

May 24, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Everett Financial Inc. dba Supreme Lending
Document # F03000004770

Dear Sir or Madam:

Please find attached an application and a check for \$300 for Corporate Reinstatement. I am requesting that the fee reinstatement fee be waived due to the fact that we have never received any type of annual report notice and I did not know until last week that we had been placed on inactive status. Please accept this application and update our company as active so that we may begin doing business in Florida once again.

If there is any further information that is required, please let me know and I'll be sure to comply as soon as possible.

Thank you in advance for your assistance.

Sincerely,



Lisa S. Perkins
Lender Relations/Compliance
Everett Financial Inc. dba Supreme Lending
Phone: 214-988-3343
Fax: 469-461-1316
Email: lisa.perkins@supremelending.com