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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 11:09

DOCUMENT # F03000005518

1. Corporation Name

One Mortgage Network, Inc

900082647409
12/19/06--01056--006 **450.00

2. Principal Office Address

9740 Scranton Rd

Suite, Apt. #, etc.

340

City & State

San Diego, CA

Zip

92121

Country

USA

3. Mailing Office Address

9740 Scranton Rd

Suite, Apt. #, etc.

340

City & State

San Diego, CA

Zip

92121

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2003

5. FEI Number

043568208

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2607

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

Juri Egan

Date

12-15-06

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
PTS	Greg Smith	9740 Scranton Rd	San Diego, CA 92121
D	Sean Marsh	9740 Scranton Rd	San Diego, CA 92121
D	David Lippe	9740 Scranton Rd	San Diego, CA 92121

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/6/06

Daytime Phone #

858 455 9120

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December 6, 2006

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

RE: Corporation Reinstatement/Penalty Waiver Request
One Mortgage Network, Inc.
#F0300000518

Dear Debra;

Please be advised that I wish to reinstate the above named corporation to do business in the State of Florida. The letter seeking our annual report and the subsequent revocation letter were never received by my office. Therefore, please consider waiving the penalties associated with our reinstatement.

Enclosed you will find our reinstatement form and the required check for \$450.00.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Smith", is written over the typed name and title. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Greg Smith
President