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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

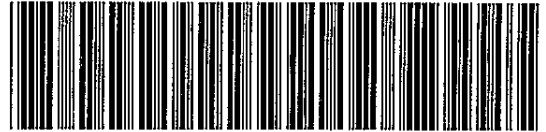
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Special Instructions to Filing Officer:

789, 4099, 5071

W03-31819  
Office Use Only

*[Handwritten signature]*



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10/27/03--01041--009 \*\*70.00

SECURITY  
TALLAHASSEE, FLORIDA

03 DEC 31 AM 8:31

FILED

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capital Mortgage Corporation  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bonnie Strickland  
(Name of Person)

Capital Mortgage Corporation  
(Firm/Company)

2945 New Bern Avenue  
(Address)

Raleigh NC 27610  
(City/State and Zip code)

03 DEC 31 AM 8:31  
SECRETARY OF STATE  
TALLHASSEE, FLORIDA

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For further information concerning this matter, please call:

Bonnie Strickland at ( 919 ) 212-1450 x 104  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 10, 2003

BONNIE STRICKLAND  
2945 NEW BERN AVENUE  
RALEIGH, NC 27610

SUBJECT: NC CAPITAL MORTGAGE CORPORATION OF FLORIDA  
Ref. Number: W03000031819

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC 31 AM 8:31

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We have received your document for NC CAPITAL MORTGAGE CORPORATION OF FLORIDA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

*A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.*

*Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.*

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 703A00066284



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 13, 2003

BONNIE STRICKLAND  
2945 NEW BERN AVENUE  
RALEIGH, NC 27610

SUBJECT: FLORIDA CAPITAL MORTGAGE CORPORATION  
Ref. Number: W03000031819

CLERK OF THE  
TALLAHASSEE, FLORIDA

03 DEC 31 AM 8:31

FILED

We have received your document for FLORIDA CAPITAL MORTGAGE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 003A00061649



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 30, 2003

BONNIE STRICKLAND  
2945 NEW BERN AVENUE  
RALEIGH, NC 27610

SUBJECT: CAPITAL MORTGAGE CORPORATION  
Ref. Number: W03000031819

03 DEC 31 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for CAPITAL MORTGAGE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 603A00059189

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

- 1. Capital Mortgage Corporation
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
NC Capital Mortgage Corporation of Florida
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. North Carolina 3. 561751549
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 20, 1991 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2945 New Bern Avenue Raleigh NC 27610
(Principal office address)
2945 New Bern Avenue, Raleigh NC 27610
(Current mailing address)
8. Mortgage
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays St.
Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jenny Lawson, ASA VP
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE FLORIDA

**Names and business addresses of officers and/or directors:**

**A. DIRECTORS**

Chairman: n/a  
Address: \_\_\_\_\_

Vice Chairman: n/a  
Address: \_\_\_\_\_

Director: n/a  
Address: \_\_\_\_\_

Director: n/a  
Address: \_\_\_\_\_

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03 DEC 31 AM 8:31  
STATE OF FLORIDA  
TALLAHASSEE

**B. OFFICERS**

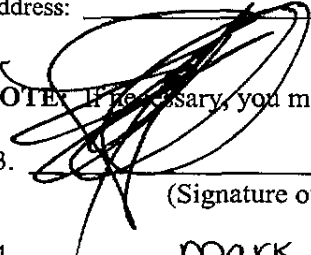
President: Mark A. Reinhard  
Address: 2945 New Bern Ave  
Raleigh NC 27610

Vice President: Marcie L Reinhard  
Address: 2945 New Bern Avenue  
Raleigh NC 27610

Secretary: n/a  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. mark A. Reinhard President  
(Typed or printed name and capacity of person signing application)



# State of North Carolina

## Department of The Secretary of State

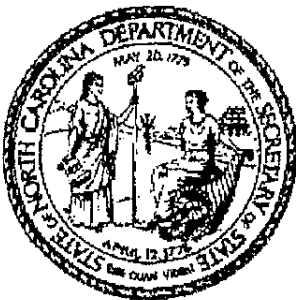
### CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

### CAPITAL MORTGAGE CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of September, 1991, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of November, 2003.

*Elaine F. Marshall*

Secretary of State