2006 FOR PROFIT CORPORATION
REINSTATEMENT. ...

DOCUMENT # F0400001660 1. Entity Name FIRST MUTUAL CORP.			2006 JUL -5 AM II: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address		TALLAHASSEE, TEOM	
523 HOLLYWOOD AVE. SUITE 300	P.O BOX 8443		,,	
CHERRY HILL, NJ 08002	CHERRY HILL, NJ 0800)2		
			A ARAMAN INI NANI NANI NANI RESIK RESIK RESIK RESIK MANU MANU MANU RISIN RESIK RESIK RESIK RESIK RESIK RESIK R	
2. Principal Place of Business	3. Mailing Address			
			F CZOMON TYLL ORITH DERKI BONT BONK BONK ONLY FOREL KINKO DIKKO BIRK RAMORL AL 40 CH	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	05252006 REIN-P CR2E098 (11/05)	
Ĺ			05252006 REIN-P CR2E098 (11/05)	
City & State	City & State		4. FEI Number Applied For	
		·····	21-0727447 Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
6 Name and Address of Curr	ant Perintered Agent		Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name				
BLANTON, EDWIN F		EDWIN	F. BLANTON	
825 THOMASVILLE ROAD			Street Address (P.O. Box Number is Not Acceptable) 810 THOMASVILLE ROAD	
TALLAHASSEE, FL 32303		010_10	IOMASVILLE KOAD	
	•			
	** * * *	City TATIAN	IASSEE FL Zip Code 32303	
TALLAHASSEE TALLAHASSEE 32303 8. The above named entity subpose of 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 Signature, typed or printy-frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
SIGNATURE Signature, typed or prints hame of registered a	gent and title if applicable. (NOTI	E: Registered Agent signature rec	quired when reinstating) DATE	
FILE NOW!!! FEE IS \$900.00				
	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C	☐ Delete	TITLE	Change Addition	
NAME WOLF, A.B. STREET ADDRESS 523 HOLLYWOOD AVE. SUITE 300 STREE				
CITY-ST-ZIP CHERRY HILL, NJ 08002 CITY-ST				
TITLE DP	Delete	TITLE	☐ Change ☐ Addition	
NAME LESIGER, LAWRENCE		NAME	Change E Addition	
STREET ADDRESS 523 HOLLYWOOD AVE. SUI	ΓE 300	STREET ADDRESS		
CITY-ST-ZIP CHERRY HILL, NJ 08002		CITY-ST-ZIP	1	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME WEINSTOCK, JACK		NAME	\triangle	
STREET ADDRESS 523 HOLLYWOOD AVE. SUI	TE 300	STREET ADDRESS	19, 11/2/11	
CITY-ST-ZIP CHERRY HILL, NJ 08002		CITY-ST-ZIP	DE CALLES OF THE PARTY OF THE	
TITLE S	☐ Delete	LILLE 🖁	NETS IN LEVISOR DOM DANN	
NAME KEITH, CAROLYN STREET ADDRESS 523 HOLLYWOOD AVE. SUI	FE 200	NAME		
STREET ADDRESS 523 HOLLYWOOD AVE. SUIT	TE 300	STREET ADDRESS CITY-ST-ZIP		
0.12.00.1.1.25,10.0002				
TITLE .	☐ Delete	TITLE NAME	Change Addition	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	□ Delete	TITLE	200077380 4 Addition	
NAME	— 50,000	NAME	07/12/0601012009 **900.00	
STREET ADDRESS		STREET ADDRESS	01/15/0001015 000 ***000*00	
CITY-ST-ZIP		CITY-ST-ZIP		
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				
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 supplied entail report is true and accurate and the property 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 exactle the propert as equired 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 expended.				
changed, or on an attachment with an address, with all other like employed.				
SIGNATURE. A MOUGE	WWW//KON	M	6-19-06 856-663-7800	
SIGNATURE:	OR PRINTED NAME OF SIGNING OFFICED	CA BIRECTOR	Data Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNING OF				