

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN -5 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F04000001688

1. Corporation Name

Homegate Settlement Services, Inc.

2. Principal Office Address - No P.O. Box #

538 Broadhollow Road

3. Mailing Office Address

538 Broadhollow Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melville, NY

City & State

Melville, NY

Zip

11747

Country

USA

Zip

11747

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/04

5. FEI Number

20-0167491

☒ 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

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

6/4/2007

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
P	Lance Thoet	538 Broadhollow Road	Melville, NY 11747
CEO/D	Michael Strauss	538 Broadhollow Road	Melville, NY 11747
S/EVP	Alan Horn	538 Broadhollow Road	Melville, NY 11747
EVP/CFO	Stephen Hozie	538 Broadhollow Road	Melville, NY 11747
			100103904811

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:

Alan Horn Sec. & EVP

6/1/07

(516) 949-3935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

RECEIVED

07 JUN -5 AM 10:43

ACCOUNT NO. : 07210000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REFERENCE : 931649 7428651

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 458.75

ORDER DATE : June 4, 2007

ORDER TIME : 9:12 AM

ORDER NO. : 931649-005

CUSTOMER NO: 7428651

REINSTATEMENT

NAME: HOMEGATE SETTLEMENT SERVICES,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS _____