

F04000003968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

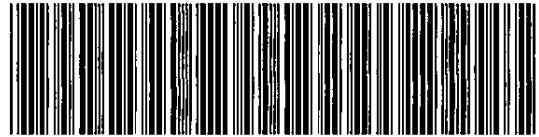
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FILED

2009 JUN 22 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

with drawal

TB

6/24/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dream House Mortgage Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** F04000003968

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

John Rainone  
(Name of Person)

Charland, Marciano & Co., CPA's  
(Firm/Company)

18 Imperial Place, Suite 1G  
(Address)

Providence, RI 02903  
(City/State and Zip code)

For further information concerning this matter, please call:

John Rainone at ( 401 ) 331-9600  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Dream House Mortgage Corporation

(Name of Corporation)

F04000003968

(Document Number of Corporation (if known))

Rhode Island

(Incorporated Under Laws of)

**FILED**  
2009 JUN 22 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

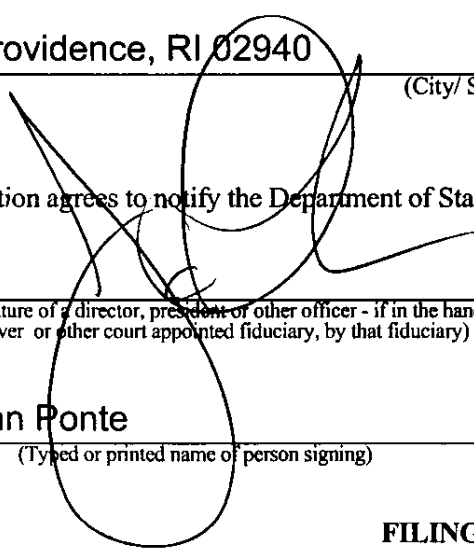
PO Box 6907

(Mailing Address)

Providence, RI 02940

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

John Ponte

(Typed or printed name of person signing)

6/16/09  
(Date)

President

(Title of person signing)

**FILING FEE \$35**