

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 MAY 11 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000005113

1. Corporation Name United Community Mortgage Corporation

W 69 0000/9814

2. Principal Office Address - No P.O. Box #
35 Broad Street3. Mailing Office Address
35 Broad Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Keyport, NJ 07735

City & State

Keyport, NJ

Zip

Country

Zip

Country

07735

USA

07735

USA

7. Name and Address of Current Registered Agent

Name C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City
PlantationState
FLZip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0603, F.S.

Signature of
Registered Agent

Juan Grajeda

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

4/22/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Edward Kenmore	35 Broad Street	Keyport, NJ 07735

REINSTATEMENT 67-09

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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 807 or 817, 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 807.0401 or 817.0401, 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 118, 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

4.22.09

Date

Daytime Phone #