Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000169790 3)))

H09000169790 3ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

SYNERGY CAPITAL MORTGAGE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Pg 1 of 2

FILED

09 JUL 24 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000006834

1. Entity Name
SYNERGY CAPITAL MORTGAGE CORP.

REINSTATEMENT

Principal Place of Business	Mailing Address
27130 A PASEO ESPADA #1424 SAN JUAN CAPISTRANO, CA 92675	27130 A PASEO ESPADA #1424 SAN JUAN CAPISTRANO, CA 92675

07092009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
19500 Jamboree Road	19500 Jamboree Road
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Irvine, CA	City & State Irvine, CA
Zip / Country 92612 / USA	Zip / Country 92612 / Orange

4. FEI Number
58-2679071
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE FL 32301	Name: C T Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

8. The above named entity submits 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: Megan G. Ware Assistant Secretary 7/20/09
(Signature, typed or printed name of registered agent and title if applicable — Signature of new registered agent required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPT WILKINSON, RYAN 27130 A PASEO ESPADA #1424 SAN JUAN CAPISTRANO, CA 92675	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, Director Joseph R. Tomkinson 19500 Jamboree Road, Suite 201 Irvine, CA 92612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCVP BROWN, WILLIAM 27130 A PASEO ESPADA #1424 SAN JUAN CAPISTRANO, CA 92675	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director William S. Ashmore 19500 Jamboree Road, Suite 201 Irvine, CA 92612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/CFO Todd R. Taylor 19500 Jamboree Road, Suite 201 Irvine, CA 92612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 supplemental report is true and accurate and that my 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 execute this report as required 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 empowered.

SIGNATURE: Joseph Tomkinson, CEO 07/13/09 949-475-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/24