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TALLAHASSEE FIRM

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### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Reunion Mortgage, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>F0500007068</u>
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MRISTINE ORTIZ (Name of Person)
Reunian Mortgage, Inc. (Firm/Company)
860 Hillview Court, Ste 300 (Address)
Milpitas, CA 95035 (City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (HOS) 9HI - 8310 to X107 (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

(Name of Corporation)		
F05000072108 (Document Number of Corporation (if known)	_	
California (Incorporated Under Laws of)	<del></del>	
(incorporated Under Laws 61)		
This corporation is no longer transacting business or conducting affairs within the State of Florida voluntarily surrenders its authority to transact business or conduct affairs in Florida.	and he	ereby
This corporation revokes the authority of its registered agent in Florida to accept service on its appoints the Department of State as its agent for service of process based on a cause of action arising time it was authorized to transact business or conduct affairs in Florida.		
The following is a current mailing address for the corporation:	32.7	10
860 Hillview Court, Ste 300 (Mailing Address)	CRETARY	FEB -1
Milpitas, CA 95035 (City/State/Zip)	CE. FLORIDA	6: 00
The corporation agrees to notify the Department of State in the future of any change in its mailing ad	dress.	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)		_
Marsha Berlinski SR VP (Typed or printed name of person signing) (Title of person signing)		_

FILING FEE \$35