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TOTAL P.002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 07 OCT 10 PM 12:50

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

B 10/10/07

REINSTATEMENT 07

CR2E081 (1/07)

DOCUMENT # P06000005370

1. Corporation Name

Liberty 1st Mortgage Corporation

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
110 West Road		110 West Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 430		Suite 430	
City & State		City & State	
Towson, MD		Towson, MD	
Zip	Country	Zip	Country
21204	USA	21204	USA

4. Date Incorporated or Qualified To Do Business in Florida: August 10, 2006

5. FEI Number: 52-2022827 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ 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: Bonnie A. Schumann, Assistant Secretary

REGISTERED AGENT MUST SIGN

Date: October 5, 2007

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
Pres.	David Kelly	110 West Road, Suite 430	Towson, MD 21204
V.P.	Gail Kelly	110 West Road, Suite 430	Towson, MD 21204

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: David S. Kelly, President — 10/05/07 — 410-828-0992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLA18 - 1/1/2007 CT System Online

OCT-05-2007 12:13 Liberty Trust 0048 P.002

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Florida Department of State

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CORPORATION REINSTATEMENT

LIBERTY 1ST MORTGAGE CORPORATION

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