

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F07000000357**

1. Corporation Name

Indymac Financial Services

2. Principal Office Address - No P.O. Box #

888 East Walnut Street

Suite, Apt. #, etc.

6th Floor

City & State

Pasadena, CA

Zip

91101

Country

USA

3. Mailing Office Address

888 East Walnut Street

Suite, Apt. #, etc.

6th Floor

City & State

Pasadena, CA

Zip

91101

Country

USA

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Wienstitcher

Date **2-1-10**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Tony Ebers	888 East Walnut Street	Pasadena, CA 91101
Treas	Pamela Marsh	888 East Walnut Street	Pasadena, CA 91101
Sec	Jules Vogel	888 East Walnut Street	Pasadena, CA 91101
Dir	Terrence P. Laughlin	888 East Walnut Street	Pasadena, CA 91101
A/S	Susan Vivino	888 East Walnut Street	Pasadena, CA

10. E-mail Address: **susan.vivino@owb.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Susan Vivino - Susan Vivino Asst. Secretary

Date

Daytime Phone #

10 MAR -4 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

09-10

500168244895

02/08/10--01064--010 **750.00

REINSTATEMENT

09-10

4. Date Incorporated or Qualified
To Do Business In Florida 1/19/2007

5. FEI Number
95-2925366

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

500168244895

03/04/10--01039--012 **150.00

3/400