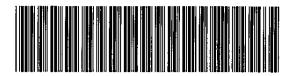
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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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637-4099 637-52733



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COVER LETTER

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TO: New Filing Section Division of Corporations				
SUBJECT: Seniors Reverse Mi	ovtagge, Inc.			
(Name of corporation - must include suffix)				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the	following:			
Christino Louie				
(Name of Perso	n)			
Seviors Reverse Mortgage, Inc. (Firm/Company) 3478 BUSKING AVENUE, Suite 343				
(Firm/Company	·)			
3478 BUSKING AVENUE	, Suite 343			
(Address)				
Pleasant Hill, CA 9A (City/State and Zi	+523			
(City/State and Zi	p code)			
For further information concerning this matter, please call:				
Myisting Louis , 925, 979-9350				
(Name of Person) at (925) 979-9350 (Area Code & Daytime Telephone Number)				
	•			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
New Filing Section	New Filing Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314			
Enclosed is a check for the following amount:	•			
	5 Filing Fee & S87.50 Filing Fee, ified Copy Certificate of Status & Certified Copy			



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2007

CHRISTINE LOUIE 3478 BUSKIRK AVENUE SUITE 343 PLEASANT HILL, CA 94523

SUBJECT: SENIORS REVERSE MORTGAGE, INC.

Ref. Number: W07000052733

We have received your document for SENIORS REVERSE MORTGAGE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 607A00062546

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

. <u>Seniors Reverse Mortgage, Inc.</u>
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
SR MORTGAGE, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 54.2110237 (State or country under the law of which it is incorporated) (FEI number, if applicable)
1. My 6, 2003 (Date of incorporation) 5. Dev petual (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
23478 BUSTIVE Avenue, Suite 343, Pleasant HIII, CA 94523 (Principal office address)
3478 BUEKING AVENUE, SLIHE 343, PLEASANT HILL, CA 94523
(Current mailing address)
Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
P. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Henry DeWeard Name: Henry DeWeard
Office Address: 13043 U.S. Hwy 19
Office Address: 13043 U.S. Hwy 19 Huds av Horida S166 (City), Florida S166 (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.
$\langle \langle \langle \rangle \rangle \rangle_{a} = \langle \langle \rangle \rangle_{a}$
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIREC	CTORS		
Chairman: _	pavid L. Stevensoni		
Address:	3478 BUSKING AVC, #343		
	Pleasant Hill, CA 94523		
Vice Chairm	nan:		
Address:	······································		
Director:			
Address:			<u></u>
_		07	VIS
Director:		NO.	22
Address:			755 <u>0</u>
_		PH	79.0 - 79.0 - 70.0
B. OFFIC	ERS	ֆ: 1	RATI
President: _	David L. Stovenson		SMC
Address:	3478 BUSKING MC, # 343		
	Pleasant Hill, CA 04523		
Vice Preside	ent: Gluzeppe Manzone		
Address:	3472 BUSKING AVC. # 343		
	Pleasant Hill, CA 04503		
Secretary: _	Christine Louis		
Address:	3478 BUSKING AVC., #343, PROBANT HII, CA 945	323)
Treasurer: _	Myisting Louis		<u></u>
Address:	3478 BUSKING AVE. # 343, Pleasant Hill, CA 9457	13_	
	· · · · · · · · · · · · · · · · · · ·		
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or direc	tors.	
13	(Signature of Director or Officer listed in number 12 of the application)		
14	ADID L. STEVENSON, PRESIDENT		
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name and capacity of person signing application)		, <u> </u>

State of California Secretary of State

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CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **6th day of May, 2003, SENIORS REVERSE MORTGAGE, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 15, 2007.



Jena Boven

DEBRA BOWEN
Secretary of State