2008 FOR PROFIT CORPORATION REINSTATEMENT

| KEINSTATEMENT | | | | | | | Francis Control | | | | |
|--|---|---------------------------------|---------------|----------------------|--|--|---------------------|------------|-----------------|--------------|--|
| DOCUMENT # F07000006285 | | | | | | The state of the s | | | | | |
| 1. Entity Nam FIDELITY | I. Entity Name FIDELITY MORTGAGE SERVICES OF OHIO INC. | | | | | 08110Y 25 PH 4: 02 | | | | | |
| Principal Place of Business Mailing Address | | | | | | SECRETARY OF STATE | | | | | |
| | OX CHAPEL RUN 411 FOX CHAPEL RUN | | | | | | ALLANA | 12255 | , I LOIM | J.13 | |
| | LE, OH 45039 MAINEVILLE, OH 45039 | | | | | | | | | | |
| | | | | | | | | | | | |
| | ncipal Place of Business - No P.O. Box # 3. Mailing Address OII Tyceps ville Rs 6011 Tyceps ville Rs. | | | | | | | | | | |
| Suite, Apt. | | | | | | 11122008 | REIN-P | CR2F | 098 (1/07) | | |
| City & Stat | ate City & State | | | | | 4. FEI Numbe | | | | plied For | |
| MASON | MASON DH. | | | | | | 708299 | | No | t Applicable | |
| zip 45040 | Country | 75040 | iry • | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | | |
| 13-10 | 6. Name and Address of Current Registered Agent | | | | | 7. Name and | Address of New Re | gistered / | Agent | | |
| C T CORPORATION SYSTEM | | | | | | H BOY | 2HW | | <u> </u> | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | | Street Address (P.O. Box Number is Not Acceptable) 7871 ROS HONSE BLUX | | | | | | |
| PLANTATION, FL 33324 | | | | | | | | | | | |
| | | | | City | عدر آ | Para | JACH | FL | Zip Code | | |
| 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 | | | | | | | | | | | |
| the obligations of registered agent | | | | | | | | | | | |
| SIGNATURE Synature, At the committee of the of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the | | | | | | | | | | | |
| | nuary 1, 2009, Fee will be \$300.00 | o | | | | } | corporation did n | ot receive | e the prior n | notice. | |
| 10. | OFFICERS AND D | DIRECTORS | 11. | | | ADDITIONS/ | CHANGES TO OFFIC | CERS AND | DIRECTORS | S IN 11 | |
| TITLE | PD CDIDDA FDICA | ☐ Delete | TITLE | | bΡ | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | GRIPPA, ERICA NAMI 411 FOX CHAPEL RUN STRE | | | : Et address | GRIPAA, ERICA GOIT TYLLAGUILLE RO., STE! | | | | | | |
| CITY-ST-ZIP | MAINEVILLE, OH 45039 | | CITY- | ST-ZIP | MAS | هم. ۵۲. م | | | | | |
| TITLE NAME | STD SANZ, BRENDA | Delete | TITLE | | STD | BRENDA | | | Change Change | ☐ Addition | |
| STREET ADDRESS | 411 FOX CHAPEL RUN STRI | | | ET ADDRESS | GOIL TYLERSVILLE RIS, STIE! | | | | | | |
| CITY-ST-ZIP | <u> </u> | | | -\$T-ZIP | Mas | on, On. 1 | 15040 | | Change | Addition | |
| NAME | | ☐ Delete | NAME | | | 90 | m1222 | 四军团 | | L ABGRUON 1 | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS St-zip | | 11/25. | /01382 /0801033- | -001 | **150. | 00 | |
| TIFLE | | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME | | _ 533.5 | NAME | | | | | | _ • | - | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS ST-ZIP | | | | | | į | |
| TITLE | | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREE | ET ADORESS | | | | | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE | | | | | | Change | ☐ Addition | |
| STREET ADDRESS | | | STREE | ET ADDRESS | | | | | | ļ | |
| CITY-ST-ZIP | | this filling days | | ST-ZIP | antois a t | in Charter 410 | Clarido Statutas 14 | utho: | ifu that the '- | formation | |
| 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: Wards Signature and Trace of Painted Name of Signing Officer or Director Date Date Dayline Promote , | | | | | | | | | | | |
| | SIGNATURE AND THESE OR PE | NTED NAME OF SIGNING OFFICER OR | DIRECT | OR | | | Date | D | aytime Pnono # | | |

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