


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000006285		
1. Entity Name FIDELITY MORTGAGE SERVICES OF OHIO INC.		

FILED
08 NOV 25 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 411 FOX CHAPEL RUN MAINEVILLE, OH 45039	Mailing Address 411 FOX CHAPEL RUN MAINEVILLE, OH 45039
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2. Principal Place of Business - No P.O. Box # 6011 TYLERSVILLE RD.	3. Mailing Address 6011 TYLERSVILLE RD.
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1

City & State MASON, OH	City & State MASON, OH
Zip 45040	Zip 45040
Country U.S.	Country U.S.



11122008 REIN-P CR2E098 (1/07)

4. FEI Number 77-0708299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name ERICH BOEHM Street Address (P.O. Box Number is Not Acceptable) 7871 IRONHORSE BLVD City WEST PALM BEACH FL Zip Code 33412
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 11-20-08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIPPA, ERICA 411 FOX CHAPEL RUN MAINEVILLE, OH 45039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIPPA, ERICA 6011 TYLERSVILLE RD, Str 1 MASON, OH. 45040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANZ, BRENDA 411 FOX CHAPEL RUN MAINEVILLE, OH 45039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANZ, BRENDA 6011 TYLERSVILLE RD, Str 1 MASON, OH. 45040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900138265419 11/25/08--01033--001 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 11/20/08 DAYTIME PHONE # 877-385-2525

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR