(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	New Filing Secti				
	•		on	n. Inc.	
SUBJE	UI: <u>- 110 70 .</u>				
Dear Sir	or Madam:				
The encle	osed "Applicationate of Existence	" or "Certificate of Good,"	Stan	ding" and check are sub	
	turn all correspo	ondence concerning this m	atter	to the following:	
		Reverse Mortgages.com, Inc. Name of corporation - must include suffix ladam: "Application by Foreign Corporation for Authorization to Transact Business in Florida," of Existence," or "Certificate of Good Standing" and check are submitted to register the ced foreign corporation to transact business in Florida. all correspondence concerning this matter to the following: chulte Name of Person Mortgages.com, Inc. Firm/Company Broadway Business Park Ct, Ste 109 Address ia, MO 65203 City/State and Zip code 1@reversemortgages.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Sarrett at (888) 988-8485 Area Code & Daytime Telephone Number EET/COURIER ADDRESS: New Filing Section Division of Corporations no for Corporations p. O. Box 6327 Tallahassee, FL 32314 check for the following amount: ing Fee 7878.75 Filing Fee & Certificate of Status Reverse Mortgages.com, Inc. Florida, "Florida,			
Reve	rse Morto	jages.com, Inc.			
		Firm/	Comp	oany	
3401	W Broad	way Business F	Par	k Ct, Ste 109	
		Α	ddre	SS	
Colu	mbia, MO	65203			
•		City/Sta	ite an	d Zip code	
licens	ing@reve				
For furth	er information o				notification)
Justii	n Barrett	at (888	3	, 988-8485	
	Name of Person		rea C	ode & Daytime Teleph	one Number
N I C 2	New Filing Section of Corporation Building 1661 Executive Controls	on orations Center Circle		New Filing Se Division of Co P.O. Box 6327	ection orporations
Enclosed	is a check for the	ne following amount:			
\$70.0	0 Filing Fee	-		_	



P: (888) 988-8485

F: (888) 822-8321

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Release of Corporation Name - P15000023261

Dear Sir or Madam,

My company, Reverse Mortgages.com, Inc., had erroneously filed and was accepted as a domestic corporation on March 10, 2015. The intended application was to be that of a foreign corporation.

I would like to release our name, Reverse Mortgages.com, Inc., from the domestic corporation after its accepted dissolution, so as to continue application to do business in your state.

Sincerely,

John Schulte President

Reverse Mortgages.com, Inc.

3401 W Broadway Business Park Ct

Ste 109

Columbia, MO 65203

(888) 988-8485

AITHCAI	TION BY FOREIGN CORPORATION BUSINESS II		i i i i i i i i i i i i i i i i i i i
COMPLIANCE	WITH SECTION 607.1503, FLORIDA STA	ATUTES. THE FOLLOWING IS SU	JBMITTED TO
	EIGN CORPORATION TO TRANSACT BE		
Reverse M	Mortgages.com, Inc.		2.7
(Enter name of cor	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	2 C C C C C C C C C C C C C C C C C C C
(If name unavailab	ole in Florida, enter alternate corporate name ac	dopted for the purpose of transacting b	usiness in Florida)
Missouri	3 '	47-1853960	
(State or country	under the law of which it is incorporated)	(FEI number, if applic	able)
July 31, 20	014	Perpetual	
(Date o	of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")
N/A			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
3401 W Br	oadway Business Park Ct	, Ste 109, Columbia, N	MO 65203
	(Principal office addre	ess)	
3401 W Bro	oadway Business Park Ct, S	ite 109, Columbia, MO	65203
	(Current mailing addre	ess)	
Name and street	address of Florida registered agent: (P.O	. Box NOT acceptable)	
Name:	Registered Agent Solutions, Ir	nc.	
fice Address:	155 Office Plaza Dr, Ste	A	
	Tallahassee	. Florida 32301	
	(City)	(Zip code)	
Registered ager	nt's acceptance:		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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.

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: John Schulte Address: 3401 W Broadway Business Park Ct, Ste 109 G Columbia, MO 65203 Vice Chairman: Director: Address: **B. OFFICERS** President: John Schulte Address: 3401 W Broadway Business Park Ct, Ste 109 Columbia, MO 65203 Vice President: Secretary: _ Address: ___ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. John Schulte, President

(Typed or printed name and capacity of person signing application)

STATE OF MISSOURY



Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Reverse Mortgages.com, Inc. 001364257

was created under the laws of this State on the 31st day of July, 2014, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hercunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 9th day of March, 2015.

Secretary of State

Certification Number: CERT-03092015-0003

