

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003708**

1. Corporation Name

FIRST TOWN MORTGAGE CORPORATION

Principal Place of Business

343 THORNALL STREET
EDISON NJ 08837

Mailing Address

343 THORNALL STREET
ATTN: COMPLIANCE DEPT.
EDISON NJ 08837

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1993

5. FEI Number

62-0998221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DE DEVP	JACOB THOMAS Hayden, Luke S.	343 THORNALL STREET	EDISON NJ 08837
MO	JORDAN, NIKKI	343 THORNALL STREET	EDISON NJ 08837
DEVP	GARVEY, THOMAS M	343 THORNALL STREET	EDISON NJ 08837
DEVP	ROTELLA, STEPHEN J	343 THORNALL STREET	EDISON NJ 08837
VPAS	FRIEDMAN, PAMELA S	343 THORNALL STREET	EDISON NJ 08837
SVP	COOPER, SAMUEL	300 TICE BLVD.	WOODCLIFF LAKE NJ 07675

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300003294408

12/02/02-01035-016 **750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Leslie Danon
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Leslie Danon
Assistant Secretary

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Pamela S. Friedman
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/02
Date

732 205 4068
Daytime Phone #

CR2E040 (8/02)