PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00/01 W352

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 13 PM 1:10

DOCUMENT # F94000002353

1. Corporation Name
ADVANTAGE MORTGAGE CORPORATION
d/b/a ACCURATE MORTGAGE CORP.

2. Principal Office Address	3. Mailing Office Address
220 N. WASHINGTON	P.O. BOX 49
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPERVILLE IL	City & State: NAPERVILLE IL
Zip: 60540 Country: DUPAGE	Zip: 60566 Country: DUPAGE

4. Date Incorporated or Qualified To Do Business In Florida: 05/06/1994

5. FEI Number: 363744294 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C.T. CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION FL State: FL Zip Code: 33324

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Barbara A Burke
REGISTERED AGENT MUST SIGN
BABARA A. BURKE SPECIAL ASSISTANT SECRETARY
Date: 6-8-01

CR2E031 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JEFFREY J. HARRIS	1118 HOBSON MILL DR	NAPERVILLE IL 60540
S			
T			

10. 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.

(630)

SIGNATURE: JEFFREY J. HARRIS 06-04-01 305.7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUN-04-2001 14:15 CT CORPORATION