

F 95000004767

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

000001598713

10/02/95 10/02/95 011

*****70.00 *****70.00

Brooks America Mortgage Corporation

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS/ G/S |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

10/2/95

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hr
10/2

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. BrooksAmerica Mortgage Corporation

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. California

(State or country under the law of which it is incorporated)

3. 95-4037912
(FEI number, if applicable)

4. February 4, 1986

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 6 Hutton Centre Drive, Suite 1020, Santa Ana, California 92707

(Current mailing address)

8. Provide Home Loan Financing on both Retail and Wholesale basis

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

M. T. Fitzpatrick
(Registered agent's signature) (Officer)

M. T. Fitzpatrick, Assistant Secretary

(Type Name and Title of Officer)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Michael Brooks

Address: 6 Hutton Centre Drive, Suite 1020

Santa Ana, California 92707

Vice Chairman: _____

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

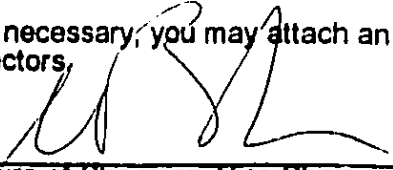
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael W. Brooks, President/CEO _____
(Typed or printed name and capacity of person signing application)

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Directors of
BrooksAmerica Mortgage Corporation**

1. Michael Brooks
6 Hutton Centre Drive, Suite 1020
Santa Ana, California 92707
2. Jerry Cottle
6 Hutton Centre Drive, Suite 1020
Santa Ana, California 92707
3. Stanley Kirst
6 Hutton Centre Drive, Suite 1020
Santa Ana, California 92707
4. Karen Brooks
6 Hutton Centre Drive, Suite 1020
Santa Ana, California 92707

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
BrooksAmerica Mortgage Corporation**

1. Michael Brooks, Chief Executive Officer, President
6 Hutton Centre Drive, Suite 1020
Santa Ana, California 92707
2. Jerry Cottle, Chief Executive Officer, Secretary
6 Hutton Centre Drive, Suite 1020
Santa Ana, California 92707
3. Stanley Kirst, Executive Vice President
6 Hutton Centre Drive, Suite 1020
Santa Ana, California 92707



State of California

SECRETARY OF STATE



CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 4TH day of FEBRUARY, 1986

BROOKSAMERICA MORTGAGE CORPORATION

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this
29TH day of SEPTEMBER, 1995



Bill Jones
BILL JONES
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004767

1. Corporation Name

BROOKSAMERICA MORTGAGE CORPORATION

Principal Place of Business

6 HUTTON CENTRE DRIVE, SUITE 1020
SANTA ANA CA 92707

Mailing Address

6 HUTTON CENTRE DRIVE, SUITE 1020
SANTA ANA CA 92707

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

95-4037912

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CDP	BROOKS, MICHAEL	6 HUTTON CENTRE DRIVE, SUITE 102	SANTA ANA CA 92707
CEOS	COTTLE, JERRY	6 HUTTON CENTRE DRIVE, SUITE 102	SANTA ANA CA 92707
EVD	KIRST, STANLEY	6 HUTTON CENTRE DRIVE, SUITE 102	SANTA ANA CA 92707
D	BROOKS, KAREN	6 HUTTON CENTRE DRIVE, SUITE 102	SANTA ANA CA 92707

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

808881974688-4

-10/15/96-01175-003

8888383.75

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.

Signature of
Registered Agent

[Signature] D.E. HICKEY, ASST. SECY
REGISTERED AGENT MUST SIGN

Date 09-20-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Brooks

9/24/96

Date

(911) 241-0515

Daytime Phone #

#F95000004767

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: BROOKSAMERICA MORTGAGE CORPORATION EIN or SS#: 95-4037912

Address: 6 HUTTON CENTRE DRIVE, STE. 1020
SANTA ANA, CA 92707

Amount: \$103.75 SCC ~~\$165.00~~ Date Paid 02/10/97

Reason for claim: OVERPAYMENT OF AMENDED ANNUAL REPORT (F95000004767)
SCC/REIN 03/04/97

Certified true and correct this 10th day of March, 19 97.

Signature Jean Hub Yekel, Vice President

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>103.75</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>91634-030</u> dated <u>02/10/97</u>	
Name of Account	<u>4520213000145300000000010000</u>
Statutory Authority for Collection	<u>617</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>45202130001453000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)