

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:18

DOCUMENT # **F96000001443**

1. Corporation Name

OLD DOMINION MORTGAGE CO., INC.

Principal Place of Business

132 WEST GREENBROOK ROAD
N. CALDWELL NJ 07006

Mailing Address

132 WEST GREENBROOK ROAD
N. CALDWELL NJ 07006

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

03/15/1996

5. FEI Number

22-3241642

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DERICK, PHYLLIS	132 WEST GREENBROOK ROAD	N. CALDWELL NJ 07006
P	DERICK, WILLIAM L	132 W. GREENBROOK ROAD	N. CALDWELL NJ 07006

900013700729
03/10/03--01002--006 **900.00

8. Name and Address of Current Registered Agent

LITTLE, JOAN M
1501 N.E. 37TH ST.
OAKLAND PARK FL 33334

9. Name and Address of New Registered Agent

Name

GERALD COHEN

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

3200 NORTH OCEAN, UNIT D1602

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33301

CR2E040 (8/02)

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

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **2-27-03**

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.

WILLIAM L. DEDERICK, PRESIDENT

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-02 973-364-9800

Date

Daytime Phone #