

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 18 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Western Home Mortgage Corporation F97000001374

2. Principal Office Address

502 E Oceanfront

Suite, Apt. #, etc.

City & State

Newport Beach, CA

Zip

92661

Country

USA

3. Mailing Office Address

502 E Oceanfront

Suite, Apt. #, etc.

City & State

Newport Beach, CA

Zip

92661

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/18/1997

5. FEI Number

33-0703246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Michael Dugan

Street Address (P.O. Box Number is Not Acceptable)
1900 SW 34th Street

Suite, Apt. #, Etc.
Suite 206

City

Gainesville

State

FL

Zip Code

32607

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

Michael Dugan

Date

2-10-05

REGISTERED AGENT MUST SIGN

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 | Thomas Dugan | 502 E Oceanfront | Newport Beach, CA 92661 |
| S | Thomas Dugan | 502 E Oceanfront | Newport Beach, CA 92661 |
| T | Thomas Dugan | 502 E Oceanfront | Newport Beach, CA 92661 |
| D | Thomas Dugan | 502 E Oceanfront | Newport Beach, CA 92661 |
| | | | |
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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.

SIGNATURE:

Thomas Dugan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-05 949-278-3355

Date

Daytime Phone #

CR2E081 (01/05)