

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 4 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001637

1. Corporation Name

FIDELITY FIRST LENDING, INC.

Principal Place of Business

Mailing Address

10025 GOVERNOR WARFIELD PKWY #410
COLUMBIA MD 21044

10025 GOVERNOR WARFIELD PKWY #410
COLUMBIA MD 21044

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

2. New Principal Office Address, If Applicable

11000 Broken Land Pkwy.

Suite, Apt. #, etc.

Third Floor

City & State

Columbia MD

Zip

21044 Howard

3. New Mailing Office Address, If Applicable

11000 Broken Land Pkwy

Suite, Apt. #, etc.

Third Floor

City & State

Columbia MD

Zip

21044

Country

Howard

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1997

5. FEI Number

APPLIED FOR

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	POSNER, ROBERT	10025 GOVERNOR WARFIELD PKWY #41, 11000 Broken Land Pkwy 3rd Floor	COLUMBIA MD 21044
SV	SHANKLIN, ROBERT A	10025 GOVERNOR WARFIELD PKWY #41 11000 Broken Land Pkwy 3rd Floor	COLUMBIA MD 21044
SV	SHUMWAY, DEVAN	10025 GOVERNOR WARFIELD PKWY #41 11000 Broken Land Pkwy 3rd Floor	COLUMBIA MD 21044
T	James W. Raker		
D	ROSEN, HOWARD	10025 GOVERNOR WARFIELD PKWY #41	COLUMBIA MD 21044
DC			
VST	ZWAGIL, STEVEN	10025 GOVERNOR WARFIELD PKWY #41 11000 Broken Land Pkwy 3rd Floor	COLUMBIA MD 21044
	Maurin, Robert		
V	RITTER, MARK A	10025 GOVERNOR WARFIELD PKWY #41 11000 Broken Land Pkwy 3rd Floor	COLUMBIA MD 21044

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name **9000002706273--4**
Street Address (P.O. Box Number is Not Accepted) **9000002706273--4**
Suite, Apt. #, Etc. *******8.75 *****8.75**
City **9000002706273--4**
-12/08/98 State 026
******750.6L ****750.00**

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

Ed. Hand **REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/22/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)