

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 # F97000005053

1. Corporation Name

FIDELITY MORTGAGE INC.

Principal Place of Business

Mailing Address

8044 MONTGOMERY ROAD - STE 244
CINCINNATI OH 45236

8044 MONTGOMERY ROAD - STE 244
CINCINNATI OH 45236

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
c/o Delta Funding Corporation

Suite, Apt. #, etc.

Suite, Apt. #, etc. Attn: Legal Dept.
1000 Woodbury RD

City & State

City & State
Woodbury NY

Zip

Country

Zip

11797

Country

Nassau

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1997

5. FEI Number

11-3360263

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
PD /S	GRIPPA III, JOHN P	2000 PALM BEACH LAKES STE 1000	WEST PALM BEACH FL
CD	MILLER, HUGH	1000 WOODBURY ROAD	WOODBURY NY
XS V/D	MILLER, MARC	1000 WOODBURY ROAD	WOODBURY NY
XX V/D	BLASS, RICHARD	1000 WOODBURY ROAD	WOODBURY NY
XXXXXX V/T	NEW YORK Sanz, Ricardo R.	1000 WOODBURY ROAD 8044 Montgomery RD #244	WOODBURY NY Cincinnati OH
VAS	CLARK, JAMES E	8044 MONTGOMERY ROAD STE 244	CINCINNATI OH

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIPPA III, JOHN P
2000 PALM BEACH LAKES STE 1000
WEST PALM BEACH FL 33409

Name

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

Suite, Apt. #, Etc.

600002725486--5
-12/29/98--01087--006

City

****758 state zip code 758.75
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 REQUIRED

Date

10-23-98

REGISTERED AGENT MUST SIGN

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

11/23/98
Date

(513) 984-5244
Daytime Phone #

CR2E040 (9/98)