

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 30 AM 9:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F97000005319

1. Corporation Name

Select Financial Mortgage Corporation

300011181053
01/29/03--01050--007 ***1508.95

2. Principal Office Address

386 Market Street

3. Mailing Office Address

386 Market Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Warren, RI

City & State

Warren, RI

Zip

02885

Country

Bristol

Zip

02885

Country

Bristol

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

1997

5. FEI Number

05-0473977 -RI

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

005-4500452-11089058786
DEPOSIT ONLY 1508.95
01/29/03--01050--007
005-4500452-11089058786
DEPOSIT ONLY 1508.95
01/29/03--01050--007
FL 05-0473977

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

Brian Courtney
Asst. V. Pres

Date

1/27/03

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
President	Marie Rondeau	2 Mulberry Rd	Bristol RI 02809
V. Pres	Robert O. Rondeau	2 Mulberry Rd	Bristol RI 02809
Secretary	Robert O. Rondeau	2 Mulberry Rd	Bristol RI 02809
Treasurer	Marie Rondeau	2 Mulberry Rd	Bristol RI 02809

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:

Marie Rondeau President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03
Date

401-247-7400
Daytime Phone #

CR2E081 (10/02)