## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	)	DEPARTMENT OF STATE Secretary of State Ision of conponations		APR 2	LED AMID: 13 BY DE STATE	
DOCUMENT # F97 Ø Ø Ø Ø 69 Ø 8					LAHAS	RY OF STATE SSEE, FLORIDA	
CJM Mortgage Corp.							
2. Principal Office Address 223 Wanaque Ave 223 Wanaque Ave							
Suite, Apt. #, etc. Suite, Apt. #,			etc.	4. Date Incom			1997
Pompton Lakes, N) Pomp			ton Lakes, N)	5. FEI Numbe	3r	·	Applied For Not Applicable
zip Country zip 0744 0744		Country	6.				
7. Name and Address of Current Registered Agent							
Name S. Charles Musumeci, Sr.							
Street Address (P.O. Box Number is Not Acceptable) 121 Paddock Lane							
Suite, Apt. #, Etc.							7
city West Palm Beach			h	State FL	Zip Code 33463	<u> </u>	
8. I, being appointed the registered agent of the above named corporation, at familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date  U-20 -0 5							CR2E081 (01/05
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	S. Charles Musumeci, Jr.				Pompton Lakes NJ 07442		
V	Joseph C. Musumeci		223 Nanagne Avenue		Pompton Lakes NJ 07442		
				90	יַביבין:	5 <u>4223099</u> 11078015 ***90	
			(92)	05/10	/U5L	)1078015 <b>**</b> 90 	
			ME SOTA PERSONAL STATE OF THE SECOND				
					i)L	D 0 0	
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 607,9401 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							
	J. J. A.	ID HAME OF	S.SIO O. FIGER OR BIRECTOR		valt	Daytime Phone	7



223 WANAQUE AVENUE • POMPTON LAKES, NJ 07442 • (973) 831-8150 • FAX: (973) 616-7054 • WWW.CJMMORTGAGE.COM

April 19, 2005

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I am writing to explain that on June 29, 1999, CJM Mortgage Corp moved their offices from 26-01 Pellack Drive, Fair Lawn, New Jersey to their current offices at 223 Wanaque Avenue, Pompton Lakes, NJ 07442. We never received an annual report for 2000. I am requesting that all penalties be waived in light of that move. Enclosed, please find a check for \$900.

Regards, Sumbuly Saloan

Kimberly LaScala