
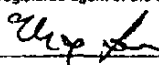



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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. H05000112890 3

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F98000000855</u>					
1. Corporation Name First U.S. Mortgage Corporation					
2. Principal Office Address The Pavilions at Greentree			3. Mailing Office Address The Pavilions at Greentree		
Suite, Apt. #, etc. Suite #204			Suite, Apt. #, etc. Suite #204		
City & State Marlton, New Jersey			City & State Marlton, New Jersey		
Zip 08053	Country Camden	Zip 08053	Country Camden	4. Date Incorporated or Qualified To Do Business in Florida 02/12/1998	
				5. FEI Number 22-3458852	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name License and Compliance Resource, LLC					
Street Address (P.O. Box Number is Not Acceptable) 245 Gray Street					
Suite, Apt. #, Etc. N/A					
City West Palm Beach				State FL	Zip Code 33405
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 				Date April 26, 2005	
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	
PTSD	Robert Miliano	The Pavilions at Greentree, #204		Marlton, New Jersey 08053	
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: 		Robert Miliano		04/27/05	(856) 988-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

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To: 'FL Dept. of State'
Subject: 000173.37584

From: Katie Wonsch

Tuesday, May 03, 2005 1:56 PM Page: 1 of 2

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Florida Department of State
Division of Corporations
Public Access System

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((H05000112890 3)))

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

CORPORATION REINSTATEMENT

FIRST U.S. MORTGAGE CORPORATION

Certificate of Status	0
Certified Copy	0
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