

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 01, 2002 8:00 A.M
Secretary of State

DOCUMENT # F98000001976

1. Corporation Name

MORTGAGE AMENITIES CORP.

Principal Place of Business

25 BLACKSTONE VALLEY PLACE
SUITE 201
LINCOLN RI 02865-1163

Mailing Address

25 BLACKSTONE VALLEY PLACE
SUITE 201
LINCOLN RI 02865-1163

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02



300008766873
11/04/02--01004--001 **750.00

4. Date Incorporated or Qualified To Do Business in Florida

04/06/1998

5. FEI Number

04-0310903

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	4 City / State / Zip
C	MACDONALD, DAVID B	32 STOWE RD.	SANDWICH MA 02563
SVP	BRIDEN, ROBERT A	134 HOMESTEAD AVE.	WARWICK RI 02889
P	RYAN, KENNETH	1 TIGER LILY TRAIL	REHOBOTH MA 02769
S	Brown, Douglas	30 Carriagehill Rd.	North Kingstown, RI 02852

8. Name and Address of Current Registered Agent

MACDONALD, ARTHUR B
635 WEDGE DR.
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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. or 617.0505, F.S.

Signature of Registered Agent

Arthur B. MacDonald
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date October 17, 2002

11. 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:

Kenneth J. Ryan
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 28, 2002

Date Daytime Phone #

CR2E040 (8/02)