

# F980000003392

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Real Estate Owned Management, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Roland D. Waller  
(Name of Person)

Waller & Mitchell Law Offices  
(Firm/Company)

5332 Main Street  
(Address)

New Port Richey, Florida 34652  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

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-06/15/98-01107-008  
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Roland D. Waller at ( 813 ) 847-2288  
(Name of Person) (Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Real Estate Owned Management, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New Jersey 3. 22-3185763  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-1-92 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 13514 Garriss Drive  
Hudson FL 34667  
(Current mailing address)

8. Real Estate Sales  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

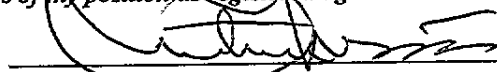
Name: Anthony R. Marottoli

Office Address: 13514 Garriss Drive

Hudson, Florida, 34667  
(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Katherine Marottoli

Address: 25 Massachusetts Avenue, E. Haven, CT. 06512

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Anthony R. Marottoli

Address: 13514 Garris Drive, Hudson, FL 34667

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Anthony R. Marottoli

Address: 13514 Garris Drive, Hudson FL 34667

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

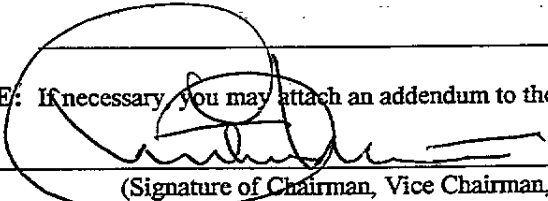
Secretary: Anthony R. Marottoli

Address: 13514 Garris Drive, Hudson FL 34667

Treasurer: Anthony R. Marottoli

Address: 13514 Garris Drive, Hudson FL 34667

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Anthony R. Marottoli, President

(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY  
DEPARTMENT OF STATE  
CERTIFICATE OF REINSTATEMENT - ANNUAL REPORTS

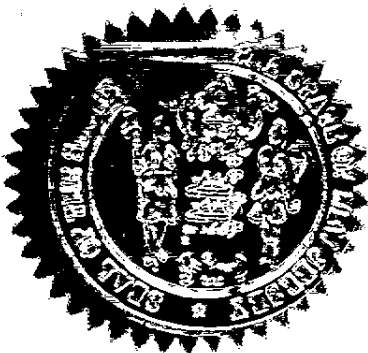
REAL ESTATE OWNED MANAGEMENT INC.  
A DOMESTIC PROFIT CORPORATION

WHEREAS the above-named business entity did on the 24th day of April, 1998, satisfy all requirements for reinstatement as set forth in the laws of this State, I, the Secretary of State of the State of New Jersey do hereby issue this certificate authorizing the same to continue its business and resume the exercise of its functions.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
24th day of April, 1998

*Lonna R. Hooks*

LONNA R HOOKS  
Secretary of State



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