

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000003619

1. Corporation Name

MORTGAGE LENDING OF NEW YORK, INC.

Principal Place of Business

110 WALT WHITMAN RD. SUITE 204  
HUNTINGTON STATION NY 11746-4177

Mailing Address

110 WALT WHITMAN RD. SUITE 204  
HUNTINGTON STATION NY 11746-4177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/25/1998

5. FEI Number

11-3100757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Add Local 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
P	PETSCH, NORA E	110 WALT WHITMAN RD, SUITE 204	HUNTINGTON STATION NY 11746
V	PETSCH, THOMAS J	110 WALT WHITMAN RD, SUITE 204	HUNTINGTON STATION NY 11746
S	PERTICONE, KAREN J	110 WALT WHITMAN RD, SUITE 204	HUNTINGTON STATION NY 11746
T	GALASSO, KAREN	110 WALT WHITMAN RD, SUITE 204	HUNTINGTON STATION NY 11746
Senior V.P. "M"	BOYD, FRANCES	110 WALT WHITMAN RD, SUITE 204	HUNTINGTON STATION, NY 11746

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8. Name and Address of Current Registered Agent

TALVY, STEVEN  
115 NE 4TH AVE  
DELRAY BEACH FL 33483

9. Name and Address of Current Registered Agent

Name  
LAWRENCE V. CIPOLLONE, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
355 TRAVINO AVENUE  
Suite, Apt. #, Etc.  
City  
ST. AUGUSTINE  
State  
FL  
Zip Code  
32086

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/29/99

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Nora E. Petsche, President

10/29/99  
Date

516-385-0900 x102  
Daytime Phone #

KE