PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 11:25

DOCUMENT # F98000005680

1. Corporation Name

SOUTHERN STAR FINANCIAL CORP.

Principal Place of Business	Mailing Address
90 MERRICK AVE STE 204 E MEADOW NY 11554	90 MERRICK AVE STE 204 E MEADOW NY 11554

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

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1998

5. FEI Number: 11-3394933 ☐ 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
~~PD~~	~~SHUSTERHOFF, GARY~~	~~3 VICTORIAN LANE~~	~~BROOKVILLE NY~~
PD	Shusterhoff, Gary	839 Fanwood Ave	No. Woodmere, NY 11581
			400004679614--6 -11/14/01--01095--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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: X SIGNATURE REQUIRED Date: 10-24-01
REGISTERED AGENT MUST SIGN

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/26/01

Daytime Phone #: 516 712 4400

Southern Star
MORTGAGE.com

10/26/01

Department of State
Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines St.
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed please find Southern Star Mortgage's application for reinstatement. Please waive the the reinstatement charge as Southern Star did not receive the initial report.

Thank you in advance.

Very truly yours,

Nancy Azzara
Chief Financial Officer

90 Merrick Avenue ▪ Suite 204 ▪ East Meadow, New York 11554 ▪ Phone: 1-877-636-STAR ▪ Fax: 516-794-2116
Brooklyn Office: 718 630 1000 ▪ Fax: 718 921 0772 Staten Island Office: 718 477 4545 ▪ Fax: 718 494 1175