

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

Page 1 of 2

DOCUMENT # F98000005956

1. Corporation Name

MANSFIELD MORTGAGE SERVICES, INC.

FILED

03 NOV 10 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400024918644
11/21/03--01019--021 **150.00

Principal Place of Business

Mailing Address

640 GEORGE WASHINGTON HWY.
LINCOLN RI 02865

640 GEORGE WASHINGTON HWY.
LINCOLN RI 02865

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

10/26/1998

5. FEI Number

05-0423153

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MARGULIES, JEROME D	38 POPPASQUASH RD.	N. ATTLEBORO MA 02760
DST	RILEY, STEVEN J	20 SCRABBLETOWN RD.	N. KINGSTOWN RI 02852
DV	JACKSON, FRANK S	131 WINSOR AVE	JOHNSTON RI 02919
DST	DEBOLT, JOHN R.	30 ABORN AVE.	CUMBERLAND, RI 02864

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE

Date

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:

J. Margulis

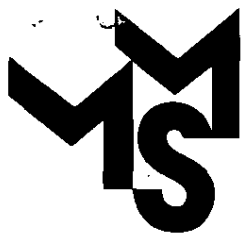
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/03

Date

Daytime Phone #

CR20040 (7/03)



MANSFIELD MORTGAGE

SERVICES, INC.

"Your One Stop Mortgage Source"

(401) 334-7000 • (800) 654-1239 • Fax: (401) 334-7090

Page 20

November 7, 2003

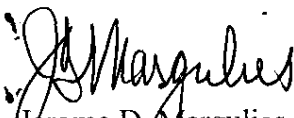
Florida Department of State
Divisions of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Mansfield Mortgage Services, Inc. never received the 2003 Uniform Business Report.

Please apply our enclosed check for reinstatement. Thank you for your assistance.

Sincerely,


Jerome D. Margulies
President