PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 25 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000000213**

1. Corporation Name

PRISM MORTGAGE COMPANY

Principal Place of Business	Mailing Address
440 NORTH ORLEANS CHICAGO IL 60610	440 NORTH ORLEANS CHICAGO IL 60610

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: 01/12/1999

5. FEI Number: 36-3823249 — ☐ 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)

300003443103--2
11/02/00--01078--017
****758.08 ****750.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
~~CPS~~	~~ABRAMS, BRUCE C~~	~~440 NORTH ORLEANS~~	~~CHICAGO IL 60610~~
DTV	MARKUS, TERRY A	440 NORTH ORLEANS	CHICAGO IL 60610
V	SIMON, BRADLEY F	440 NORTH ORLEANS	CHICAGO IL 60610
DP	FILLER, MARK A	440 NORTH ORLEANS	[illegible] 017
DS	Fisher, David	440 North Orleans	Chicago, IL 60610

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City / State: FL / Zip Code

REINSTATEMENT TS

CR2E040 (8/00)

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 REQUIRED — Jeffrey R. Graves — Date: 10/20/2000
REGISTERED AGENT MUST SIGN — Assistant Secretary

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 REQUIRED — Bradley F. Simon — 10/19/00 — (312) 410-8487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #