

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # F99000000372

1. Corporation Name

SIB MORTGAGE CORP.

Principal Place of Business

Mailing Address

1250 ROUTE 28  
BRANCHBURG NJ 08876

1250 ROUTE 28  
BRANCHBURG NJ 08876

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-4027208

Applied For

Not Applicable

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED I

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
V. 1 G	Paul Heckman <del>GARDNER, DAVID B</del>	77 West Shore Trail <del>20 PARK PLACE</del>	Sparta, NJ 07871 <del>ORCHARD HILLS NJ 07078</del>
PVC	PAYNE, RICHARD W III	3 SUGAR MAPLE ROW	CHESTER NJ 07930
D	DOHERTY, HARRY P	86 MERRICK AVE	STATEN ISLAND NY 10304
D	COYLE, JAMES R	10 PARKVIEW PLACE	STATEN ISLAND NY 10310
VT	PICARILLO, RALPH	105 BOND STREET	BRIDGEWATER NJ 08807
S	VILLANI, PATRICIA J	15 BEACH STREET	STATEN ISLAND NY 10304

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

000003436930-E  
-10/24/00--01067--020  
\*\*\*\*750.00 State Zip Code 50.00  
FL

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 CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date 10/17/2000

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)(l), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

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

10/13/00 908-575-3600

Date x3386

KE

#7 Title	Name of Officers and/or Director	Street Address	City/State/Zip
D	John Brady	238 Ashworth Ave	Staten Island, NY 10034