

1 of 2

NO. 589 P. 2

H05000203523 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F99000001299**

1. Corporation Name
Drew Mortgage Associates, Inc.

2. Principal Office Address 198 Boston Turnpike Road		3. Mailing Office Address 198 Boston Turnpike Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Shrewsbury, MA		City & State Shrewsbury, Ma	
Zip 01545	Country USA	Zip 01545	Country USA

REINSTATEMENT
 08-05

4. Date Incorporated or Qualified To Do Business in Florida March 9, 1989	
5. FEI Number 043128200	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See 7c. Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street


Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

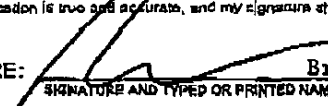
Signature of Registered Agent:  Date: **8-24-05**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Bruce A Rawan	5 Ayreshire Road	Worcester, MA 01604
Dir.	"	"	"
Treas.	Douglas M. Rawan	65 Lake Avenue, #1001	Worcester, MA 01604
Dir.	"	"	"
Clerk	M. Wayne Rawan	69 Kinnicut Road	Worcester, MA 01602
Dir.	"	"	"

10. I certify that I am an officer or director of 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 118.07(3)(X), 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:  **Bruce A. Rawan** PRES August 19, 2005 508.753.1658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

H05000203523

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

DREW MORTGAGE ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,500.00