

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -5 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002892

1. Corporation Name

AirMortgage.com Inc.

REINSTATEMENT 03-04

2. Principal Office Address

750 N. Orleans

3. Mailing Office Address

750 N. Orleans

Suite, Apt. #, etc.

Suite 101-A

Suite, Apt. #, etc.

Suite 101-A

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60610

Country

USA

Zip

60610

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/1999

5. FEI Number

36-3939283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leilani Crumlish

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

2821 SW 15th Street

Suite, Apt. #, Etc.

Unit 103

City

Delray Beach

State

FL

Zip Code

33445

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Leilani Crumlish

Date

1/22/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/S	Stuart Urkov	750 N. Orleans, Suite 101-A	Chicago, IL 60610
D/P	Jon Crumlish	750 N. Orleans, Suite 101-A	Chicago, IL 60610
T	Anthony Krueger	750 N. Orleans, Suite 101-A	Chicago, IL 60610

600028221326
02/04/04-01055-022 **900.00

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART URKOV

Date

1/23/03

Daytime Phone #

312-932-2300

CR2E081 (10/02)