PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 16 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L32918

1. Corporation Name
FLORIDA HOME MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
% STEPHEN KOZAKOFF	% STEPHEN KOZAKOFF
~~310 W HUGHES STREET~~ 2130 W. BRANDON BLVD #203	~~310 W HUGHES STREET~~ 2130 W. BRANDON BLVD, #203
BRANDON FL 33510	BRANDON FL ~~33510~~ 33510

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-Flap

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
2130 W. BRANDON BLVD
Suite, Apt. #, etc.
203
City & State
BRANDON FL
Zip 33510 Country USA

3. New Mailing Office Address, If Applicable
2130 W. BRANDON BLVD
Suite, Apt. #, etc.
203
City & State
BRANDON FL
Zip 33510 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
11/27/1989

5. FEI Number
59-2986645
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	~~FAIRCHILD, FRANK JAMES~~ Thomas, Bernon. E.	~~5905 ROBERTS LANE~~ 4805 Citrus Oak Ln	~~TAMPA FL~~ St Cloud, Fl.
D	~~ADDISON, ROBERT~~ Busto, Nora	~~9509 ABCE LANE~~ 1404 73rd Ave E.	RIVERVIEW FL Tampa, Fl.
DP	KOZAKOFF, STEPHEN	~~7311 FILBERT LANE~~ 6018 Lakotree Ln	TAMPA FL

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-12/18/96--01041--005
****583.75 ****583.75

8. Name and Address of Current Registered Agent
KOZAKOFF, STEPHEN
310 W HUGHES STREET
BRANDON FL 33510

9. Name and Address of New Registered Agent
Name: Kozakoff Stephen
Street Address (P.O. Box Number is Not Acceptable): 2130 W. BRANDON BLVD
Suite, Apt. #, Etc: 203
City: BRANDON State: FL Zip Code: 33510

10. I hereby 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] REGISTERED AGENT MUST SIGN Date: 8-20-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing, and voluntarily furnished on it does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation 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 corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid, the information contained on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8-20-96 Daytime Phone #: 813-654-2992

CR2E040 (6/95)

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