

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L36552** **SMIC, INC.**

1. Corporation Name
Southern Mortgage Investment Corporation
Name changed to ↑

400061831374
12/01/05--01001--020 **1808.75

| | | | |
|---|-------------------|---|-------------------|
| 2. Principal Office Address 2273 Lee Rd. | | 3. Mailing Office Address 2273 Lee Rd. | |
| Suite, Apt. #, etc. 103 | | Suite, Apt. #, etc. 103 | |
| City & State Winter Park, Florida | | City & State Winter Park, Florida | |
| Zip 32789 | Country Orange | Zip 32789 | Country Orange |

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida December, 1989 | |
| 5. FEI Number 59-2986484 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

| | | |
|--|-------------|-------------------|
| Name Richard L. Shipp | | |
| Street Address (P.O. Box Number is Not Acceptable) 751 Lake Catherine Dr. | | |
| Suite, Apt. #, Etc. | | |
| City Maitland | State FL | Zip Code 32751 |

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 *Richard L. Shipp* Date 10/31/05
REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|-----------------------|
| P/D/S | R. L. Shipp | 2273 Lee Rd, Suite 103 | Winter Park, FL 32789 |
| | | | |
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| | | | |
| | | | |

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: *Richard L. Shipp* Date 10/31/05 Daytime Phone # 407-539-2257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR