

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 SEP 25 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000004323

1. Corporation Name

EQUISTAR FINANCIAL CORPORATION

2. Principal Office Address

25 2nd STREET NORTH

Suite, Apt. #, etc.

300

City & State

ST. PETERSBURG, FL

Zip

33701

Country

U.S.A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

JAN. 07, 2003

5. FEI Number

59-3617845

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

WILLIAM C. LOSCH

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

25 2nd STREET NORTH

Suite, Apt. #, Etc.

300

City

ST. PETERSBURG

State

FL

Zip Code

33701

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

REGISTERED AGENT MUST SIGN

Date

SEPTEMBER 24, 2003

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	WILLIAM C. LOSCH	25 2nd STREET NORTH	ST. PETERSBURG, FL 33701

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

09/23/03

Date

727 388 7450

Daytime Phone #

CFR2E081 (10/02)

***Equistar Mortgage  
25 Second Street North  
Suite 300  
St. Petersburg, FL 33701***

September 23, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report

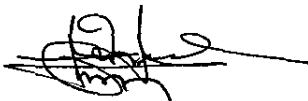
Dear Representative,

Enclosed with this letter is our updated 2003 UBR along with our check for \$158.75.

We only recently noted that this had not been paid and. We did not receive the original 2003 Uniform Business Report neither, any reminder notices. Can you please update our address to the above.

We respectfully request that any late fees be waived due to the above. If you need any additional information, please feel free to call me at 727.388.7450 – extension 234. Thank you for your assistance in this matter.

Respectfully,



Tariq Iqbal  
Corporate Controller

Enclosure

Cc: file