CAPITAL CONNECTION 850 222 1222 10/01 '03 10:04 NO.830 02/02

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 01 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DOCUMENT # P00000029415

1. Corporation Name

F.Y. Mortgage, Inc.

REINSTATEMENT 2003

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 3310 W Cypress St | 3310 W. Cypress St |
| Suite, Apt. #, etc. Suite 206 | Suite, Apt. #, etc. Ste 206 |
| City & State Tampa FL | City & State Tpa FL |
| Zip 33607 Country US | Zip 33607 Country US |

4. Date Incorporated or Qualified To Do Business In Florida 3-22-2000

5. FEI Number 04-3735352 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael Chadcox

Street Address (P.O. Box Number is Not Acceptable): 2801 Leola Lane

Suite, Apt. #, Etc.:

City: Valrico State: FL Zip Code: 33594

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 _____ Date 9/30/03

REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| D | Michael Chadcox | 2801 Leola Ln | Valrico FL 33594 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Michael Chadcox 09-30-03 813-258-0634

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

2&2

# Florida Department of State

Division of Corporations
Public Access System

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

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

# CORPORATION REINSTATEMENT

## F.Y. MORTGAGE, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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| Estimated Charge | $750.00 |

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