

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG -5 PM 3: 53

DOCUMENT # P00000053213

1. Corporation Name

Discover Financial Mortgage Corp.

500022292715  
08/13/03--01072--008 \*\*500.00

2. Principal Office Address

73 South Royal Poinciana Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami Springs FL

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06-01-2001

5. FEI Number

651020264

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

Alba Rodriguez

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

151 Fairway Drive.

Suite, Apt. #, Etc.

Miami Springs

City

Miami Springs

State

FL

Zip Code

33166

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

Alba Rodriguez

REGISTERED AGENT MUST SIGN

Date 7/31/03.

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	Alba Rodriguez	73 South Royal Poinciana Bl.	Miami Sps FL 33166

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: Alba Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03 3053006691

Date

Daytime Phone #

CR2E081 (10/02)