

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

02-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 13 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **001000019003**

1. Corporation Name

DIRECTMORTGAGE.COM, INC.

2. Principal Office Address

52 WALKER DR

Suite, Apt. #, etc.

City & State

HILLSBOROUGH NJ

Zip

08844

Country

SOMERSET

3. Mailing Office Address

52 WALKER DR

Suite, Apt. #, etc.

City & State

HILLSBOROUGH NJ

Zip

08844

Country

SOMERSET

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/21/01

5. FEI Number

65-1076773

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

ROGER WYDLER

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

10521 SW 122 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

Roger Wydler
REGISTERED AGENT MUST SIGN

Date

May 22, 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
PRES.	RUSSEL E. GRAPPONE	104 BAYBERRY AVE GARDEN CITY NY	GARDEN CITY NY 11530
CTO	PAUL L. GRAPPONE	52 WALKER DRIVE	HILLSBOROUGH NJ 08844

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:

Russel E. Grappone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/03

Daytime Phone #

CR2E081 (10/02)

g 6/13

DirectMortgage.com, Inc.

April 21, 2003

Florida Dept. of Revenue
P.O. Box 6327
Tallahassee, FL 32314

Dear To Whom it May Concern:

Please consider reinstating DirectMortgage.com, Inc. to an active Florida corporation. We have not received any previous notices regarding the Uniform Business Report. Enclosed please find the application for reinstatement and a check in the amount of \$300 to cover any reinstatement fees.

If you have any questions please do not hesitate to contact me at 516-746-6811.

Yours truly,



Russel E. Grappone
President