

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701000022179

1. Corporation Name

CENTURA MORTGAGE CORPORATION

REINSTATEMENT
12-20-02-01085-008-\$750.00

01-14-03 01061-010-\$150.00

2. Principal Office Address

6289 W SUNRISE BLVD

Suite, Apt. #, etc.

268

City & State

SUNRISE, FLORIDA

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

Zip

Country

33313

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/01

5. FEI Number

65-1085556

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

Phillip B. WHITTAKER

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

10100 RAMBLEWOOD DR

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State
FL

Zip Code
33071

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

Phillip B. Whittaker

Date

9/24/03

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------------|-----------------------------------|--|--------------------------------|
| <u>PCED</u> | <u>Phillip B. WHITTAKER</u> | <u>10100 RAmblewood DR</u> | <u>CORAL SPRINGS, FL 33071</u> |
| <u>C</u> | <u>Phillip B. WHITTAKER</u> | <u>10100 RAmblewood DR</u> | <u>CORAL SPRINGS, FL 33071</u> |
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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:

Phillip B. Whittaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/03

Date

(854) 980-0965

Daytime Phone #

CR2E081 (10/02)

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