


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/14/04 11:14:08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-02000029228
1. Corporation Name
 All State Home Mortgage Inc
 W04000037163

2. Principal Office Address
 5825 La Puente Del Sol Blvd
 Suite, Apt. #, etc. 366
 City & State St Petersburg FL
 Zip 33715 Country Pinellas

3. Mailing Office Address
 2670 Commerce Blvd
 Suite, Apt. #, etc. Ste 103
 City & State Mound MD
 Zip 55364 Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 2003

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

03-204
AK

7. Name and Address of Current Registered Agent


Name David Schultz
 ID 100041609991
 10/05/04--01075--004 **300.00

Street Address (P.O. Box Number is Not Acceptable)
 5825 La Puente Del Sol Blvd South

Suite, Apt. #, Etc. 366

City St Petersburg FL
 State FL Zip Code 33715


8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent 
 REGISTERED AGENT MUST SIGN Date 9-30-04

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
T	David Schultz	5825 La Puente Del Sol Blvd S1	St Petersburg FL 33715

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)(f), 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 Date 9-30-04 Daytime Phone # 612 366 3832

CR2001 (0104)