

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -6 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034393

1. Corporation Name

Loan Depot Mortgage Services Inc.

2. Principal Office Address

1123 Florida Ave.

Suite, Apt. #, etc.

City & State

ST. Cloud FL

Zip

34771

Country

USA

3. Mailing Office Address

PO Box 421151

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34742

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-02

5. FEI Number

02-0574882

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Fred M. Jones

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

2190 Pine Terrace

Suite, Apt. #, Etc.

City

ST. Cloud

State
FL

Zip Code

34771

100031087911

03/24/04--01064--005 **300.00

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

Fred Jones
REGISTERED AGENT MUST SIGN

Date 3-23-04

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
P	Fred Jones	2190 Pine Terrace	ST. Cloud FL 34771
VP	Fred Jones	2190 Pine Terrace	ST. Cloud FL 34771
S	Fred Jones	2190 Pine Terrace	ST. Cloud FL 34771

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:

Fred Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

Date

807 891-4126

Daytime Phone #

CR2E081 (01/04)