

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000036031

1. Corporation Name

Sprint Mortgage Company

2. Principal Office Address - No P.O. Box #
7491 Conroy Windermere Rd
STE A Orlando FL 32835

Suite, Apt. #, etc.

A

City & State

Orlando FL

Zip

32835

Country

Orange

3. Mailing Office Address
7491 Conroy Windermere Rd Suite A
Orlando FL 32835

Suite, Apt. #, etc.

A

City & State

Orlando FL

Zip

32835

Country

Orange

7. Name and Address of Current Registered Agent

Name

Jeff LaPerche

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

7491 Conroy Windermere Road

Suite, Apt. #, Etc.

A

City

Orlando

State

FL

Zip Code

32835

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

July 2, 2007

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>Pres</u>	<u>Jeff LaPerche</u>	<u>7491 Conroy Windermere Rd</u>	<u>Orlando, FL 32835</u>

500105654925
07/06/07--01062--010 **750.00

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 contained in Chapter 119, 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]
Jeff LaPerche

July 2, 2007

407-298-0706

7/10/07

FILED
2007 JUL -6 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

09-07

4. Date Incorporated or Qualified To Do Business in Florida

3/28/02

5. FEI Number

N/A

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.