

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000036840**

1. Corporation Name

YOUR MORTGAGE USA, INC.

Principal Place of Business

Mailing Address

7652 ASHLEY PARK COURT STE 301
ORLANDO FL 32835

7652 ASHLEY PARK COURT STE 301
ORLANDO FL 32835



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~7652 ASHLEY PARK COURT~~

Suite, Apt. #, etc.

~~SUITE 301~~

City & State
~~ORLANDO FL~~

Zip

~~32835~~

Country

~~ORANGE~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2002

5. FEI Number

753029641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT	ERNEST P. WALKER	62 SAGE CREST DR. OCFEE FL 34761	OCFEE, FL 34761
			400023802084 10/15/03--01009--024 **8.75
			400023802084 10/15/03--01009--023 **150.00

8. Name and Address of Current Registered Agent

WALKER, ERNEST P
7652 ASHLEY PARK COURT STE 301
ORLANDO FL 32835

9. Name and Address of New Registered Agent

Name

ERNEST P. WALKER

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

7652 ASHLEY PARK COURT

Suite, Apt. #, Etc.

301

City

ORLANDO

State

FL

Zip Code

32835

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

ERNEST P. WALKER
REGISTERED AGENT MUST SIGN

Date

10-10-03

11. 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:

ERNEST P. WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-03

Daytime Phone #

407-293-5850

CR2E040 (7/03)



7652 Ashley Park Court
Suite 301
Orlando, Florida 32835

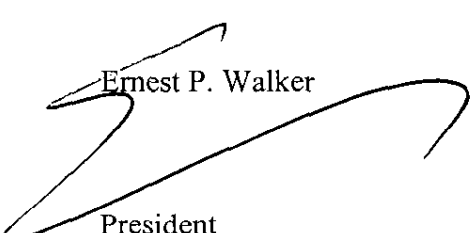
Toll Free 800-566-4470
Main 407-293-5850
Fax 407-293-5806

October 10, 2003

To Whom It May Concern:

Due to Construction with our office site, there has been several times of confusion with our mail deliverer. I have not received any notification of reinstatement until now.

Thank you,



Ernest P. Walker

President
Your Mortgage USA
407.293.5850 x107
407.293.9975 fax