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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 19 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 802000068846

1. Corporation Name

Hometown Mortgage of the Keys, Inc.

No Document # was ever sent to us

2. Principal Office Address

85998 Overseas Hwy.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1182
Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip 33036 Country USA

City & State

Islamorada, FL

Zip 33037 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 21, 2002

5. FEI Number

71-0893703

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

Lee C. Young

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

232 Tide Ave.

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

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 8/17/04

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 | Lee C. Young | 232 Tide Ave | Tavernier, FL 33070 |
| T | Alexa L. Wheeler | 117 Tegusta Street | Tavernier, FL 33070 |
| S | John D. El-Koury | 228 Coral Ave | Tavernier, FL 33070 |
| | | | |
| | | | |
| | | | |

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

[Signature] Lee C. Young

8/17/04
Date

305-522-1590
Daytime Phone #

CR2E081 (01/04)



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August 17, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

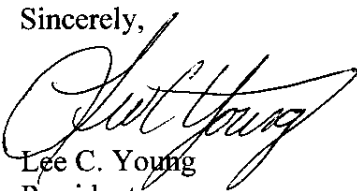
**RE: Corporation Reinstatement Late Fee
For FEI#: 71-0893703**

To Whom It May Concern:

Enclosed is our Corporation Reinstatement form and fee check. We respectfully ask that the late fee be waived for this transaction because I had not received any notices from the State regarding our delinquency in filing. I am aware it is my responsibility to file timely and will be sure to file accordingly in the future.

Thank you for your consideration and if you have any further questions or requirements, please contact me at (305)522-1590.

Sincerely,



Lee C. Young
President