| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DUVISION OF CORPORATIONS DUVISION OF CORPORATIONS DOCUMENT # DOCUMENT # DOCUME | |
|--|----------------|
| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS OLA DUG 19 AN 11: 17 DOCUMENT # I. Corporation Name DOCUMENT # DOCUMENT # DOCUMENT # Homebain Mortgage of the Keys, Inc. 04 AUG 19 AN 11: 17 No Document # Homebain Mortgage of the Keys, Inc. 04 AUG 19 AN 11: 17 Suite, Apt. #, etc. 3. Mailing office Address 1.00040322971 State 3. Mailing office Address 1.00040322971 State Suite, Apt. #, etc. 1.00040322971 Giv & State City & State Suite, Apt. #, etc. Tishemorade City & State Suite, Apt. #, etc. Tishemorade Tishemorade FL Jago 36 USN 33037 Name and Address of Current Registered Agent Name To Name and Address of Current Registered Agent | |
| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS 04 AUG 19 AM 11: 17 DOCUMENT # I. Corporation Name DOCODE \$8945 04 AUG 19 AM 11: 17 SECRE IARY OF STATE TALLAHASSEE. FLORIDA SECRE IARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # Homedawy Motgoge Of the Keys, Inc. SECRE IARY OF STATE TALLAHASSEE. FLORIDA No Document # was ever sent to US 3. Mailing Office Address 2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State I. DOD 4: D.322:971 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Tishmorado, FL State Zip Country Country 330.37 VSN 330.37 Name and Address of Current Registered Agent | |
| Secretary of State DIVISION OF CORPORATIONS OLAUG 19 AM 11: 17 SECRE 1ARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # DOCUMENT # DOC | |
| SECRE LARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # DOCODO 6 \$8445 1. Corporation Name DOCODO 6 \$8455 Hometown Mortgage of the Keys, Inc. Hometown Mortgage of the Keys, Inc. No Document # was ever sent to US 100040322971 2. Principal Office Address 3. Mailing Office Address 85998 Oversess Huy. P.O. Box 1182 Suite, Apt. #, etc. 98/19/0401030003 ***300.01 City & State City & State I.Slamorado FL Ishoroado FL Zip Country 33036 USN Varme Ishon Addresa of Current Registered Agent Name Lee C. Young | |
| DOCUMENT # DAVID & SYA 1. corporation Name Homethum Mortgage of the Keys, Inc. No Document # was ever sent to us 2. Principal Office Address 3. Mailing Office Address 4. Date incorporated or Qualified To Do Business in Florida June 21, 200 3. FEI Number 71 - 0.89,3.70.3 3. Mailing Address of Current Registered Agent Name Lee C. Young | |
| No Document # was ever sent to US2. Principal Office Address3. Mailing Office Address 85998 Overseas Hwy.P.O. Box 1/82Suite, Apt. #, etc.Suite, Apt. #, etc.100040322971Suite, Apt. #, etc.City & State $T_S amorados, FLIs barrowados, FL$ | |
| 2. Principal Office Address 3. Mailing Office Address 100040322971 85998 OVCCSCSS Hwy. P.O. Box 1/82 08/19/04-01030-003 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied F Zip Country Zip Country 8.30.37 33036 USN 3.30.37 USN 6. CERTIFICATE OF STATUS DESIRED I State of Status DESIRED I Status DESIRED | . (|
| 85998 O.C. Box 1/82 08/19/04-01030-003 **300.01 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida Junc 21, 200 City & State City & State 5. FEI Number Applied F Zip Country Zip Country Suite, 3303.7 USN 33036 USN 3303.7 USN 6. State of a Certificate of Status DesiRed Desi | alk |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Gity & State City & State City & State City & State Ts/pmorada, FL Ts/pmorada, FL Zip Country 33036 USN T. Name and Address of Current Registered Agent Name Lee Lee C. Young | n aft |
| City & State To Do Business in Florida Junc 21, 20c S. FEI Number Applied F 71-089.3.70.3 Not Applied Sa.75 Address of Country 3.3036 JSN To Do Business in Florida Sa.75 Sa.75 Address of Current Registered Agent Name Lee C. Young | |
| Islamorada FL Islamorada FL 71-0893703 Not Appli Zip Country Zip Country G. Certificate of status desired S8.75 Additional Fee reformed of status desired 33036 USN 33037 USN Certificate of status desired S8.75 Additional Fee reformed of status desired Name and Address of Current Registered Agent Name Lee C. Young Main Proprio S1.71 S1.75 Main Proprio | · · · · |
| Zip Country Zip Country Same Sam Same | |
| 7. Name and Address of Current Registered Agent Name Lee C. Young | |
| Lee C. Young OUSUNDURINEMENT 03 | |
| | .04 |
| Street Address (P.O. Box Number is Not Acceptable) | 3000 |
| 233 Tide NVC. Suite, Apt. #, Etc. | |
| City State Zip Code Taylernier FL 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. | R2E081 (01/04) |
| Signature of Registered Agent Date | CR2E081 |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | |
| Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip | |
| P Lee C. Young 232 Tide Ave Tavergier, FL 3305 | 0 |
| T NIEXO L. Wheeler 117 Tequesto Street Tovernier, FL 330 5 John D. El-Kovry 228 (0101 N/C Tovernier, FL 330. | 00 |
| 5 John D. El-Kovry 228 Coral Nee Tavernier FL 330. | 77) |
| | 10 |
| | |
| | |
| | |
| 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 filli 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 fee | |
| 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 indica on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. | |
| And the I had the distance and and | es |
| SIGNATURE AND EXPERIMENTED NAME OF SIGNING OFFICER OR DIRECTORY Date Dayling Phone # | es |

Pay 282



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,

Young

President