


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO2000088440</u>			
1. Corporation Name <u>C &amp; B Mortgage Corporation</u>			
2. Principal Office Address <u>338 Canoe Circle</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>PO Box 434</u> Suite, Apt. #, etc.	
City & State <u>Orange Park, FL</u>		City & State <u>Thomasville, NC</u>	
Zip <u>32073</u>	Country <u>Duval</u>	Zip <u>27360</u> <u>32073</u>	Country <u>Davidson</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>8/14/2002</u>		5. FEI Number <u>542067877</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>Tekeisha Duncombe</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>338 Canoe Circle</u>			
Suite, Apt. #, Etc.			
City <u>Orange Park</u>		State <u>FL</u>	Zip Code <u>32073</u>
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 <u>Tekeisha Duncombe</u>		Date <u>10/2/06</u>	
REGISTERED AGENT MUST SIGN			
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>P</u>	<u>Ceresia Darlington</u>	<u>PO Box 434</u>	<u>Thomasville NC 27360</u>
		<u>10/11/06</u>	
		<u>900080670608</u>	
		<u>10/10/06--01011--022 **300.00</u>	
		<u>REINSTATEMENT 05-06</u>	
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: <u>[Signature]</u>		Date <u>10/5/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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10/5/06

Please be advised that the  
reason I did not pay my  
reinstatement fee is because I  
never recieved the form to <sup>2005</sup> reinstate  
or pay it. Please call me if  
you have any questions.

Thanks  
Cecilia Harbison