

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 21 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124693

1. Corporation Name

REO SERVICES, INC.

Principal Place of Business

225 EAST ROBINSON STREET
SUITE 540
ORLANDO FL

Mailing Address

225 EAST ROBINSON STREET
SUITE 540
ORLANDO FL

6013 BEAU LANE ORLANDO, FL 32808

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2002

5. FEI Number

22-3883593

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
D	STOFFER, LANA	6013 BEAU LANE	ORLANDO FL 32808

8. Name and Address of Current Registered Agent

PAPPAS, PETER C
225 EAST ROBINSON STREET
SUITE 540
ORLANDO FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-16-03

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03

Date

407-298-5218

Daytime Phone #

CR20040 (7/03)

October 15, 2003

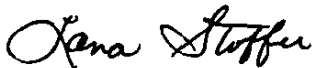
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: REO SERVICES, INC.

Dear Madam/Sir:

REO SERVICES, INC. has not received any prior UBR notices. Attached to this letter is the company's reinstatement application and filing fee without penalty of \$150.

Respectfully Submitted,



Lana Stoffer, Director/Shareholder of
REO SERVICES, INC.

PLEASE CORRECT CORPORATE MAILING ADDRESS TO: 6013 BEAU LANE
ORLANDO, FL 32808