


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -7 PM 4:00

DOCUMENT # P03000025247
1. Corporation Name SPM MORTGAGE CORP

REINSTATEMENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04-07 RES

2. Principal Office Address - No P.O. Box # 2500 WINDWARD COURT
3. Mailing Office Address 2500 WINDWARD COURT

CR2E081 (1/07)

Suite, Apt. #, etc.

City & State ORLANDO FL ORLANDO FL

Zip 32805 Country USA Zip 32805 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 43-2017628 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 ALICE MCGROVER

Street Address (P.O. Box Number is Not Acceptable) 2500 WINDWARD COURT

Suite, Apt. #, Etc.

City ORLANDO State FL Zip Code 32805

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Alice McGrover Date 10/20/07

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
P	ALICE MCGROVER	2500 WINDWARD CT	ORLANDO FL 32805
VP	SEAN MCGROVER	2500 WINDWARD CT	ORLANDO FL 32805

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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: Alice McGrover Date 10/20/07 Daytime Phone # (407) 765-0341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Document corrected per Sean McGrover. RES