

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 SEP -5 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO3000069984

1. Corporation Name

Mortgage Processing Services, Inc.

2. Principal Office Address

555 NE 15 St.

Suite, Apt. #, etc.

100

City & State

miami, FL

Zip

33132

Country

USA

3. Mailing Office Address

555 NE 15 St

Suite, Apt. #, etc.

100

City & State

miami, FL

Zip

33132

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Yes

5. FEI Number

010789041

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

John Ritter

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

555 NE 15 Street

Suite, Apt. #, Etc.

100

City

miami

State

FL

Zip Code

33132

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

*John A Ritter*  
REGISTERED AGENT MUST SIGN

Date

9/1/06

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
PST	John Ritter	555 NE 15 St. #100	miami, FL 33132
			300079715143
			09/12/06--01031--001 **908.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John A Ritter*

Date

9/1/06 3053120933

Daytime Phone #

247