

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 14 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000131965

1. Corporation Name

FIRST INTERSTATE
MORTGAGE INC.

2. Principal Office Address

12 SEA VISTA DR

Suite, Apt. #, etc.

City & State

PALM COAST FL

Zip

32137

Country

FLORIDA

3. Mailing Office Address

12 SEA VISTA DR

Suite, Apt. #, etc.

City & State

PALM COAST FL

Zip

32137

Country

FLORIDA

600060627766

10/14/05-0105-0047 **900.00

CR2E081 (8/05)

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/07/2003

5. FEI Number

20079937

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

JAMES SCOLLINS JR

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

12 SEA VISTA DR

Suite, Apt. #, Etc.

City

PALM COAST

State
FL

Zip Code
32137

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/12/05

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.T. 5-X	JAMES SCOLLINS JR	12 SEA VISTA DR	PALM COAST FL 32137

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 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:

JAMES SCOLLINS JR

Date

10/12/05 386 446-5488

Daytime Phone #