

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000040886 1. Entity Name A-TRAIN MORTGAGE SERVICES, INC.																																															
Principal Place of Business 4632 7TH AVENUE NORTH ST PETERSBURG, FL 33713				Mailing Address 4632 7TH AVENUE NORTH ST PETERSBURG, FL 33713																																											
2. Principal Place of Business 7019 1st Av S		3. Mailing Address 7019 1st Av S																																													
Suite, Apt. #, etc. # 1		Suite, Apt. #, etc. # 1																																													
City & State ST. PETE Florida		City & State ST. PETE Florida																																													
Zip 33710		Zip 33710																																													
Country Piellas		Country Piellas		10052005 REIN-P CR2E098 (6/04)																																											
4. FEI Number 200841360				Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BRONSTEIN, JOEL D 150 SECOND AVE NORTH SUITE 1100 ST PETERSBURG, FL 33701																																											
7. Name and Address of New Registered Agent Name Scott Harper Street Address (P.O. Box Number is Not Acceptable) 4632 7th Av N City ST. PETE FL Zip Code 33713				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Scott Harper</u> <u>Scott Harper</u> <u>10/05/05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																											
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;"> President 1/5/0 MIKE ALSTOTT 7822 9th Av S. ST. PETE FL 33703 </td> <td style="width: 30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> VP/D SCOTT HARPER 4632 7th Av N ST. PETE FL 33713 </td> <td> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 1/5/0 MIKE ALSTOTT 7822 9th Av S. ST. PETE FL 33703	<input type="checkbox"/> Delete	VP/D SCOTT HARPER 4632 7th Av N ST. PETE FL 33713	<input type="checkbox"/> Delete																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 100060497941 10/11/05--01055--017 **158.75 </td> <td style="width: 30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060497941 10/11/05--01055--017 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition																		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																															
SIGNATURE: <u>Scott Harper</u> <u>Scott Harper</u> <u>10/05/05</u> <u>(727) 710-4040</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															

10/17/05