

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P27773

1. Corporation Name

FIRST HORIZON HOME LOAN CORPORATION

Principal Place of Business

4000 HORIZON WAY
IRVING TX 75063

Mailing Address

111 MARKET PL ATTN LAURA TURNER
STE 700
BALTIMORE MD 21202

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
9515 Deereco Road

Suite, Apt. #, etc.
Suite 400

City & State
Timonium, MD

Zip
21093

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1990

5. FEI Number

48-0875093

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	CLARK, KENNETH Charles Burkett	165 MADISON AVENUE	MEMPHIS TN 38103
P	BAKER, JERRY	4000 HORIZON WAY	IRVING TX 75063
SVP	COLE, LARRY	165 MADISON AVENUE	MEMPHIS TN 38103
EVP	MAKOWIECKI, PETE	4000 HORIZON WAY	IRVING TX 75063
SVP	Eddy, Barbara	4000 Horizon Way	Irving, TX 75063

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

800011993818

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

3-10-03 01054

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.

CT Corporation System

Signature of
Registered Agent

John J. Linnahan, Asst. Vice President

Date 03/07/2003

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
Larry Cole - Senior Vice President/Counsel

Date

2-4-2003
214-441-5310
Daytime Phone #

CR2E040 (8/02)