PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 22 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040549**

1. Corporation Name

PRIORITY ONE MORTGAGE, INC.

Principal Place of Business	Mailing Address
~~109 E. CHURCH~~ 425 W Colonial ~~FIFTH FLOOR~~ #104 ~~ORLANDO FL 32801~~ Orlando, FL 32804 ~~US~~	~~109 E. CHURCH~~ ~~FIFTH FLOOR~~ ~~ORLANDO FL 32801~~ ~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
425 W. Colonial	
Suite, Apt. #, etc.: #104	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State
Zip: 32804 Country: US	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/01/1993

5. FEI Number: 59-3188187 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GRANVILLE, THOMAS R	201 N PHELPS AVE	WINTER PARK L3 2789
D	GRANVILLE, CHRISTOPHER E	1788 MAGNOLIA AVE	WINTER PARK FL 32789
V	GRANVILLE, CLINTON	1790 SPRUCE AVE	WINTER PARK FL

600002571246--8
-06/24/98--01064--015
****900.00 ****900.00

8. Name and Address of Current Registered Agent

GRANVILLE, CHRISTOPHER E
109 E. CHURCH
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name: Granville, Thomas R.
Street Address (P.O. Box Number is Not Acceptable): ~~109~~ 425 W. Colonial Dr.
Suite, Apt. #, Etc.: #104
City: Orlando State: FL Zip Code: 32804

CR2E040 (8/97)

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.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 6-4-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-98 Date 407 839 1211 Daytime Phone #