

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000067258

1. Corporation Name

SELBY MORTGAGE & INVESTMENT CORP.

Principal Place of Business

228C E. NEW YORK AVE
DELAND FL 32724
US

Mailing Address

228C E. NEW YORK AVE
DELAND FL 32724
US

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.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1994

5. FEI Number

59-3268549

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SELBY, ROBBIE	228 C E. NEW YORK AVE	DELAND FL 32724
PT	FIERRO, WILLIAM	228C E. NEW YORK AVENUE	DELAND FL 32724
VPS	SELBY, ROBBIE	228C E. NEW YORK AVENUE	DELAND FL 32724
			500008577925 10/24/02--01099-020 **150.00

8. Name and Address of Current Registered Agent

SELBY, ROBBIE R.
228C E. NEW YORK AVE
DELAND FL 32724

9. Name and Address of New Registered Agent

Name

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

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.

Signature of
Registered Agent

Robbie R. Selby REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

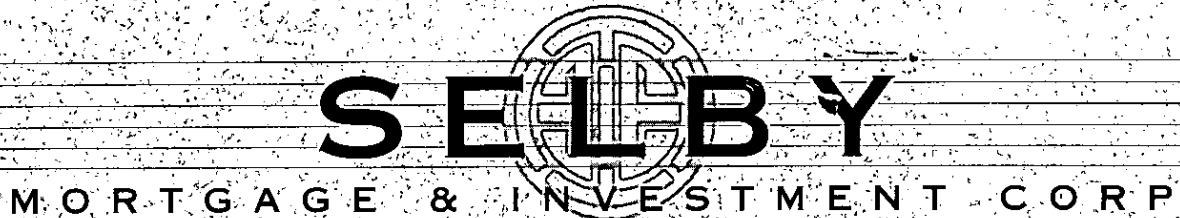
William Fierro REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 386-734-8700

Date

Daytime Phone #



October 22, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314-6327

Re: Reinstatement of Corporation

To Whom It May Concern:

I became President of Selby Mortgage & Investment Corp. September of last year and have been responsible for its administration since then. I have been surprised by this "Notice of Administrative Revocation." I have not received any correspondence from your office throughout this year. This is the first notice I receive. It would appear that I should have received two notices, one at the beginning of the year and then a reminder in June.

As a result of not receiving the two prior uniform business report (UBR) notices, I request waiver of the penalty. I am attaching the check for \$150 and appreciate your understanding in this matter.

Sincerely yours,



William Fierro
President