

CORPORATION INFORMATION  
SERVICES, Inc.  
1201 HAYS STREET  
TALLAHASSEE, FL 32314  
904-222-9171  
904-222-0393 FAX

800-342-8086



**P95000005490**

95 JAN 20 PM 5:45  
DIVISION OF CORPORATION

MAIL TO:  
P.O. Box 5828  
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 528104 9206A

AUTHORIZATION : *Patricia Pizzuto*

COST LIMIT : \$ 70.00

ORDER DATE : January 20, 1995

ORDER TIME : 12:23 PM

ORDER NO. : 528104

700001386177

CUSTOMER NO: 9206A

CUSTOMER: Ms. Cindy Reilly  
SHARI B. OLEFSON, P.A.

15 Southeast 9th Avenue

Ft. Lauderdale, FL 33301

DOMESTIC FILING

**P95000005490**

NAME: HAIGHT-ASHBURY MORTGAGE  
CORP.

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

*DP*  
1-23-95  
01

FILED  
95 JAN 20 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
HAIGHT-ASHBURY MORTGAGE CORP.

FILED  
95 JAN 20 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

HAIGHT-ASHBURY MORTGAGE CORP.

The address of the principal office of this corporation shall be 15 Southeast 9th Avenue, Ft. Lauderdale, Florida 33301, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$100.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Gail Haight	15 Southeast 9th Avenue
Dir./Pres./Sec./Treas.	Ft. Lauderdale, Florida 33301

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on January 20, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: *Gail Shelby*  
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: *Gail Shelby*  
Its Agent, Gail Shelby

AHH/dks

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# REINSTATEMENT 1996

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P95000005490**

1. Corporation Name  
**HAIGHT-ASHBURY MORTGAGE CORP.**

Principal Place of Business Mailing Address  
**45-66-071-AVE  
FT LAUDERDALE FL 33304**

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

2. New Principal Office Address, if Applicable  
**827 NE 20TH AVE.  
Suite, Apt. #, etc.  
FT. LAUDERDALE, FL**

3. New Mailing Office Address, if Applicable  
**827 NE 20TH AVENUE  
Suite, Apt. #, etc.  
City & State  
FT. LAUDERDALE, FL  
Country  
USA**

4. Date Incorporated or Qualified To Do Business in Florida **01/20/1985**  
5. FEI Number **65-0549859**  
6. CERTIFICATE OF STATUS DESIRED

Zip **33304** Country **BROWARD, USA**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s) 2. Name of Officers and/or Directors 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 4. City / State / Zip

**DPST HAIGHT, GAIL**

**XIREXKEX  
827 NE 20TH AVE.**

**FT. LAUDERDALE FL 33304**

460002002014  
-11/13/96-01036-023  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent  
Name **CORPORATION SERVICE COMPANY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
Suite, Apt. #, Etc.  
City **Tallahassee** State **FL** Zip Code **32301**

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.  
**Laura R. Dunlap** as agent for **Corporation Service Company** Date **9-23-96**  
Signature of Registered Agent REGISTERED AGENT MUST SIGN (See other side for information on intangible tax.)

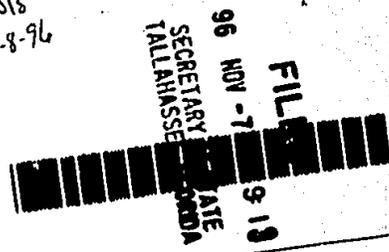
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

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)(f), 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: **GAIL A. HAIGHT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-23-96** Daytime Phone # **954-766-9926**

mcwB  
11-8-96



CRS 607 (7/96)