P95000009102

PLEASE READ INSTRUCTIONS BEFORE COMPLETING

FLORIDA DEPARTMENT OF STATE

CORPORATION REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR -5 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009102

1. Corporation Name

BUYERS CHOICE MORTGAGE CORPORATION

REINSTATEMENT 1997-2001

2. Principal Office Address	**3.** Mailing Office Address
7750 TAFT STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES	City & State: FLORIDA
Zip: 33024 / Country: BROWARD	Zip: / Country:

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 65-0554361 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FLORIDA INFORMATION ASSOCIATES, INC.

Street Address (P.O. Box Number is Not Acceptable): 2007 W. INDIANHEAD DRIVE

Suite, Apt. #, Etc.:

City: TALLAHASSEE — State: FL — Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: EDWARD J. TRIBBLE, VICE-PRESIDENT — Date: 3/2/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MATTHEW MCALOON	7750 TAFT STREET	PEMBROKE PINES, FL 33024
			600003793306 9 -03/05/01--01095--002 ****1411.25 ****1358.75

10. 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: MATTHEW MCALOON, AS PRESIDENT 3/2/01 954-985-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ed Tribble
Florida Information Associates Inc
Requester's Name

P.O. Box 11144
Address

Tallahassee, FL 32302-3144
City/State/Zip Phone #

(850) 878-0188

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. BUYER'S CHOICE MORTGAGE CORP. (Corporation Name) P95000009102 (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

- [x] Walk in
- [ ] Pick up time _____
- [x] Certified Copy
- [ ] Mail out
- [ ] Will wait
- [ ] Photocopy
- [ ] Certificate of Status

NEW FILINGS

- [ ] Profit
- [ ] Not for Profit
- [ ] Limited Liability
- [ ] Domestication
- [ ] Other

AMENDMENTS

- [ ] Amendment
- [ ] Resignation of R.A., Officer/Director
- [ ] Change of Registered Agent
- [ ] Dissolution/Withdrawal
- [ ] Merger

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01 MAR -5 PM 1:08
DIVISION OF CORPORATIONS

OTHER FILINGS

- [ ] Annual Report
- [ ] Fictitious Name

REGISTRATION/QUALIFICATION

- [ ] Foreign
- [ ] Limited Partnership
- [x] Reinstatement
- [ ] Trademark
- [ ] Other

NEED Today Please!

Examiner's Initials

CR2E031(7/97)