PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP -9 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000018950

1. Corporation Name

Par South Mortgage Company, Inc.

W02-24756

REINSTATEMENT

2. Principal Office Address		**3.** Mailing Office Address	
15 Toilsome Lane		15 Toilsome Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: East Hampton, New York		City & State: East Hampton, New York	
Zip: 11937	Country: United States	Zip: 11937	Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 03/08/95

5. FEI Number: 650562879 ☐ 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 State Incorporation Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 8699 Pluto Terrace

Suite, Apt. #, Etc.:

City: Lake Park | State: FL | Zip Code: 33403

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: _____ Date: 9/3/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Director	Patricia A. Romanzi	15 Toilsome Lane	East Hampton, New York 11937

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: _____ PATRICIA A. ROMANZI 8/8/02 631 324 8201

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

jn 5/10/02