

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP -9 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

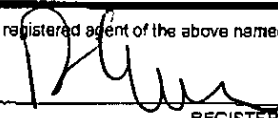
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REINSTATEMENT

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000018950 1. Corporation Name Par South Mortgage Company, Inc.			
2. Principal Office Address 15 Toilsome Lane Suite, Apt. #, etc.		3. Mailing Office Address 15 Toilsome Lane 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

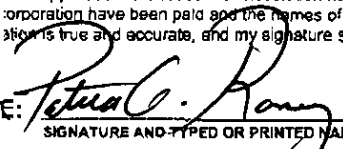
4. Date Incorporated or Qualified To Do Business in Florida 03/08/95	
5. FEI Number 650562879	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Florida State Incorporation Services, Inc.		
Street Address (P.O. Box Number is Not Acceptable) 6699 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

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 607.043 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 #	

9/5/02