PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 26 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000032558

FLORIDA RESIDENTIAL MORTGAGE CORP.

Principal Place of Business / Mailing Address
~~2916 NE 8 TERRACE #201~~
FORT LAUDERDALE, FL ~~33334~~

REINSTATEMENT 96aw
DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
2005 S. FEDERAL HWY	2005 S. FEDERAL HWY
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: FT LAUD FL	City & State: FT LAUD FL
Zip: 33316 Country: US	Zip: 33316 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/26/95

5. FEI Number: 65-0574450 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DARLENE DI MARCO	77 SOUTH BIRCH RD, #11B ~~2916 NE 8 TERR #201~~	FORT LAUDERDALE, FL 33316
T/S	JAMES T. MC CONVILLE	77 SOUTH BIRCH RD, #11B ~~2916 NE 8 TERR #201~~	FORT LAUDERDALE, FL 33316
			900002041129--5 -12/30/96--01041--022 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

DARLENE DI MARCO
2916 N.E. 8 TERRACE
FT LAUDERDALE, FL 33334

9. Name and Address of New Registered Agent

Name: DARLENE DI MARCO
Street Address (P.O. Box Number is Not Acceptable): 77 SOUTH BIRCH ROAD,
Suite, Apt. #, Etc.: #11B
City: FORT LAUDERDALE State: FL Zip Code: 33316

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.

Signature of Registered Agent: Darlene Di Marco
REGISTERED AGENT MUST SIGN
Date: ~~DECEMBER 23, 1996~~

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and complete and my signature shall have the same legal effect as if made under oath.

SIGNATURE: DARLENE DI MARCO, PRES. Darlene Di Marco 12/23/96 954-5271700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)