

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2010 NOV 19 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066753

1. Corporation Name **LINCOLN MORTGAGE CORPORATION**

**2009-10**

2. Principal Office Address - No P.O. Box #

**5200 VINELAND ROAD**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**ORLANDO, FLORIDA**

Zip

**32811**

Country

**US**

3. Mailing Office Address

**5200 VINELAND ROAD**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**ORLANDO, FLORIDA**

Zip

**32811**

Country

**US**

**400187966784**

**11/19/10--01019--002 \*\*943.95**

CR2E081 (6/10)

4. Date incorporated or Qualified  
To Do Business in Florida

**AUGUST 29, 1995**

5. FEI Number

**59-3331907**

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

**SURESH K. GUPTA**

Street Address (P.O. Box Number is Not Acceptable)

**5200 VINELAND ROAD, SUITE 200**

Suite, Apt. #, Etc

**SUITE 200**

City

**ORLANDO**

State

**FL**

Zip Code

**32811**

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

Signature of  
Registered Agent

*[Signature]*

**SURESH K. GUPTA REGISTERED AGENT MUST SIGN**

Date **November 18, 2010**

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
PSD	SURESH K. GUPTA	5200 VINELAND ROAD, STE.200	ORLANDO, FLORIDA 32811
VPD	BRAHAM R. AGGARWALL	5200 VINELAND ROAD, STE.200	ORLANDO, FLORIDA 32811

10. E-mail Address:

(To be used for future annual report notification)

11. 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, I further certify 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:

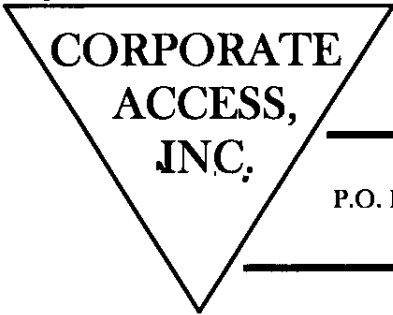
**SURESH K. GUPTA** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**November 18, 2010**

Date

Daytime Phone #

*ASR*



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 11/19/10 Emily G.

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING Reinstatement

1. Lincoln Mortgage Corporation  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

RECEIVED  
STATE  
DEPARTMENT OF REVENUE  
NOV 19 11:14 AM  
2010  
TO BE FILED  
SUFFICIENCY OF FILING

SPECIAL INSTRUCTIONS:

File Reinstatement & Amend SIMULTANEOUSLY

Thanks, EG