


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000092321**

1. Corporation Name

1st Mortgage Network Co.

2. Principal Office Address

6539 Compass Rose Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

W. Palm Bch FL

City & State

Zip

Country

33411 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1995

5. FEI Number

660639456

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

Lilli Anne Allen

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

6539 Compass Rose Court

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33411

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

Lilli Anne Allen

REGISTERED AGENT MUST SIGN

Date

6/24/2003

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
Pres	Lilli Anne Allen	6539 Compass Rose Ct W. Palm Bch FL 33411	

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:

Lilli Anne Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lilli Anne Allen

Date

6/24/2003

Daytime Phone #

561 684 5855

FILED

03 JUN 27 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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