

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

98 MAY 22 PM 4:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000006462

1. Corporation Name

Pinellas Mortgage Services, Inc.

Principal Place of Business

Mailing Address

* 2141 Main St.
 Suite A
 Dunedin, FL 34698

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1-17-96

5. FEI Number

59-3356047

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Wanda Saporito	1591 San Christopher Dr.	Dunedin, FL 34698
V.P.	Michael Saporito	Same as above	Same
V.P.	Vickie Carter	208 Lexington St	Oldsmar, FL 34677
Sec.	Wanda Saporito	Same as above	Same as above
Treas.	Wanda Saporito	"	"

TS S/27

8. Name and Address of Current Registered Agent

Go Hlieb & Gottlieb, PA.
 2475 Enterprise Rd, Suite 100
 Clearwater, FL 34623

9. Name and Address of New Registered Agent

Name
 Street Address
 Suite, Apt. #, Etc.
 City State Zip Code
REINSTATEMENT 97-98
 FL

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

REGISTERED AGENT MUST SIGN

Date

5/11/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Wanda Saporito
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/98

Date

813-733-2022

Daytime Phone #

CP22040 (1/98)