PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR FILED 00 NOV 28 PM 4: 18 SECRETARY OF STATE DOCUMENT # P96000017 877 TALL'AHASSEE. FLORIDA SERVICE CORP. REGIONAL 2. Principal Office Address 3. Mailing Office Address S. Federa How 2905 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified Suite 2/27/1996 To Do Business in Florida City & State City & State 5. FEI Number Applied For 65-0646761 Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED USA for a Certificate of Status 33483-3267 7. Name and Address of Current Registered Agent Name 6. CHARLES Street Address (P.O. Box Number is Not Acceptable) 200003500862-CHARING 12/14/00---01014---0**0**5 Suite, Apt. #, Etc. ****158.75- ****15**8**.75 Zip Code FL 33446 OELRAY CR2E081 (9/99) gent 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 8 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of City / State / Zip Titles Officers and/or Directors Officer and/or Director 7676 CHARNG CROSS LAN 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 filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 (12.5)

292

=====

= '''''

1381

Regional Mortgage Service Corp.

Licensed Correspondent Lender
2905 S. Federal Highway, Suite C-3
Delray Beach, Florida 33483
(561) 279-4849
Fax (561) 279-4867
Toll Free (877) 279-4850

November 20, 2000

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

On April 5, 2000 we mailed back to you the Corporation form along with a check in the amount of \$150.00, check # 1320, drawn on First Union Bank.

Approximately ten (10) days ago one of our investors advised us that our corporation had been dissolved. Upon hearing this I immediately called your Dept. and was advised that there was no record of receiving our check. I asked that another form be sent and that I would check with both our accountant and the bank. The bank told us that the check was not processed, however, the accountant states that the check was sent and today he contacted the bank to put a stop payment on it. I am enclosing a new check along with the new form sent by your department.

We, in good faith, sent the form and check in a timely fashion and am sorry for the failure of the non-delivery of the same. We sincerely hope we will not be penalized for this.

Thanking you in advance for your consideration in this matter.

Sincerely,

Charles L. Weiss President/Broker