

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

08 MAR -4 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96 0000 29806

1. Corporation Name

Select Mortgage Services, Inc

LY

3-4-08

REINSTATEMENT 07-08

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

2265 Leek Rd

Suite, Apt. #, etc.

ste. 219

City & State

Winter Park FL

Zip

32789

Country

US

3. Mailing Office Address

1420 Westchester Ave

Suite, Apt. #, etc.

City & State

Winter Park FL

Zip

32789

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

04/1996

5. FEI Number

59-3371131

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

Jack Speaks

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

1420 Westchester Ave

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/27/08

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	Jack Speaks	1420 Westchester Ave	Winter Park FL 32789

401119359764  
03/04/08--01016--023 \*\*300.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Speaks

Date

2/27/08

Daytime Phone #

321-303-1707