

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 31 PM 2:01

DOCUMENT # P96000037556

**1. Corporation Name**

U.S. HOME LENDING CORPORATION

13040 SW 19 DRIVE

MIRAMAR, FL 33027

WOBI-13990

**2. Principal Office Address**

13040 SW 19 DR

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027

Country

Broward

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 98-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**SP**

**5. FEI Number**

65-0659794

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

JASON M CLARK

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

1252 SABAL TRAIL

Suite, Apt. #, Etc.

WESTON, FL 33327

City

WESTON

State

FL

Zip Code

33327

**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

*Jason M Clark*

REGISTERED AGENT MUST SIGN

Date 5-29-01

**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	JASON M CLARK	1252 SABAL TRAIL	WESTON, FL 33327

**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:

*Jason M Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-01

Date

954-214-4172

Daytime Phone #

CR2E081 (9/00)