PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Katherine Harris **FOR** Secretary of State 00 AUG - 1 PM 4: 03 REINSTATEMENT **DIVISION OF CORPORATIONS** DOCUMENT # 796000 41469 SECRETARY OF STATE. TABLEMENT ASSEE. FLORIDA Corporation Name ODOM MORTGAGE, INC Principal Place of Business Mailing Address 327 2200 ST. CT. NE. BLADENJON, F1 34208 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable , 3. New Mailing Office Address, If Applicable 5-15-96 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-069191 City & State City & State Not Applicable \$8.75 Additional Fee require Country Zio CERTIFICATE OF STATUS DESIRED ŽiD Country 7. 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 Officers City / State / Zip Officer and/or Director and/or Directors Title(s) (Do NOT Use Post Office Box Numbers) BLADENTON. DDOW VRE> 900003349529--3 -08/08/00--01078--001 ****900.00 ****900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code State City with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the registered agent of the above named corporation Date 11. This corporation owes the current year (See other side for information Yes 🛛 No 🗆 on intangible tax.) Intangible Personal Property Tax due June 30. 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 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. 4-16-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #