PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Mailing Address

FLORIDA DEPARTMENT OF STATE Katherine Harris

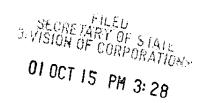
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041469

1. Corporation Name

ODOM MORTGAGE, INC.

Principal Place of Business



				ST CT NE ON FL Q3420							
If above addresses are incorrect in any way, line through incorrect information and enter correction							REINSTATEMENT OF				
					ng Office Address, If Applicable			orated or Qualified ness in Florida		1	
Suite, Apt. #, etc. Suite,				uite, Apt. #, etc.			5. FEI Number	<u> </u>	.05	/15/199	Applied For
City & State	9		City & State	<u></u> .				65-0691917			Not Applicable
Zip Country			Zip	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee req for a Certificate of State			nal Fee required cate of Status		
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonpro	fit corporations mu	ust list at lea	st 3 directors)				
Title(s)	e(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Director				City / State / Zip			
P	ODOM, DOROTHY H			327 22ND ST COURT E				BRADENTON FL 34208			
							3000046494537				
		-10/23/0101029013 ******8.75 ******8.75							-013 **8.75		
					3000046494537 -10/23/0101023014						
				*****758.80 *****758.00 \[\lambda \]							150.00
					KGroM8						
		· ·_ ·_ ·					<i>b</i>				
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
					Name	,					
ODOM, DOROTHY 327 22ND ST COURT E					Street Address (F			P.O. Box Number is Not Acceptable)			
	ENTON FL 3				Suite	Apt. #, Etc.					
5.4.5.		. 1240									
					City				State	Žip Cod	de
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 COSIGNISTICS SIGNATURED											

11.1 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: 5/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10-10-01

Daytime Phone #