

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000072428

1. Entity Name
PROVIDENT MORTGAGE, INC.



FILED

05 MAY 11 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2895 S FEDERAL HIGHWAY
B-1
DELRAY BEACH, FL 33483**

Mailing Address
**2895 S FEDERAL HIGHWAY
B-1
DELRAY BEACH, FL 33483**

2. Principal Place of Business
1473 Park Avenue
Suite, Apt. #, etc.

3. Mailing Address
1473 Park Avenue
Suite, Apt. #, etc.

City & State
Cranston, Rhode Island

City & State
Cranston, Rhode Island

Zip
02920

Country
USA

Zip
02920

Country
USA



01192005 REINSTATEMENT 04-05

4. FEI Number
65-0690397

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DIPANMI, MICHAEL JR
2895 S FEDERAL HIGHWAY
B-1
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent
Name
Debbie Lajeunesse
Street Address (P.O. Box Number is Not Acceptable)
660 Linton Boulevard, Suite 200-4
City
Delray Beach FL Zip Code
33445

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Debbie Lajeunesse* **Debbie Lajeunesse** **4/29/05**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Luciana Notarianni* **Luciana Notarianni** **4/29/05**
Signature and typed or printed name of signing officer or director Date Daytime Phone #