

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072428

1. Corporation Name
PROVIDENTMORTGAGE, INC.

2. Principal Office Address
2895 S. FEDERAL HIGHWAY

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
SUITE B-1

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State

Zip Country
33483 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 08-30-1996

5. FEI Number
65-0690397

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name
MICHAEL DIPANNI, JR.

Street Address (P.O. Box Number is Not Acceptable)
2895 SOUTH FEDERAL HIGHWAY, SUITE B-1

300024346833

Suite, Apt. #, Etc.
SUITE B-1

11/03/03--01006--005 **150.00

City
DELRAY BEACH

State Zip Code
FL 33483

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

REGISTERED AGENT MUST SIGN

Date

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.	MICHAEL DIPANNI Jr.	2895 S. FEDERAL HIGHWAY, B-1	DELRAY BEACH, FL 33483
TREAS.	LUCIANA NOTARIANNI	PO BOX 8413	CRANSTON, RI 02920

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

PROVIDENT MORTGAGE, INC.

**2895 SOUTH FEDERAL HIGHWAY, SUITE B-1
DELRAY BEACH, FL 33483**

October 22, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Provident Mortgage, Inc. Reinstatement

To Whom It May Concern:

Enclosed you will an Application for Corporation Reinstatement of Provident Mortgage, Inc., along with a \$150.00 annual filing fee.

I ask that you waive the reinstatement fee since I did not receive our original annual filing forms due to a change in location.

Thank you in advance for your consideration of this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Dipanni, Jr.", with a long, sweeping horizontal stroke extending to the right.

Michael Dipanni, Jr.
President