PLEASE READ ALL INSTRUCTIONS BEFORE [redacted] PLETING THIS FORM.

FILED

02 DEC 11 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02A[redacted]

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088505

1. Corporation Name
A-MINUS MORTGAGE CORPORATION

2. Principal Office Address	3. Mailing Office Address
638 BROADWAY AVE	638 BROADWAY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32803 Country: ORANGE	Zip: 32803 Country: ORANGE

REI: FEE WAIVED, Notices Returned by Post Office AR

4. Date Incorporated or Qualified To Do Business in Florida: 11/97

5. FEI Number: 59-3478228 ☐ 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: REED, JAMES W.

Street Address (P.O. Box Number is Not Acceptable): 638 BROADWAY AVE

800005947518
12/11/02--01067--002 **53.75
12/05/02 01077 004 17 6.25

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32803

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: James W. Reed Date: 12-3-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
DP	FULLER, JEFFERY L.	2044 CHIPPEWA TR	MAITLAND FL 32751
DS	REED, JAMES W.	3054 PIGNATELLI CR	MT. PLEASANT SC 29466
D	KIRK, DENISE	510 CHIRSTOPHER PL	ORLANDO FL 32803
D	REED, MARY	3054 PIGNATELLI CR	MT. PLEASANT SC 29466
D	ZUTES, GEORGE	46 W. LEMON ST	TARPON SPRINGS FL 34689
D	STAMAS, GEORGE	46 W. LEMON ST.	TARPON SPRINGS FL 34689

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: Jeffery L. Fuller 12/03/02 (407)649-3075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRES. — Date — Daytime Phone #