

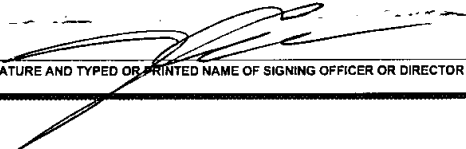


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	300007287429--1 -08/22/02--01059--017 ****300.00 ****300.00
DOCUMENT # 998000031424 1. Corporation Name <i>ACCREDITED MORTGAGE SERVICES OF OCALA INC</i>		FILED 02 AUG 19 AM 11:0 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address <i>2141 NE 2nd ST</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>SAME</i> Suite, Apt. #, etc.	
City & State <i>OCALA FL</i>		City & State <i>SAME</i>	
Zip <i>34470</i>	Country <i>US</i>	Zip 	Country
		4. Date Incorporated or Qualified To Do Business in Florida: <i>1998</i>	
		5. FEI Number <i>59-3517507</i>	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <i>JAMES M COCHRANE</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>4110 NE 18 AVE</i>			
Suite, Apt. #, Etc.			
City <i>OCALA</i>		State FL	Zip Code <i>34479</i>
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 		Date <i>8-13-02</i>	
REGISTERED AGENT MUST SIGN			
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
<i>P/T/SHR</i>	<i>JAMES M COCHRANE</i>	<i>4110 NE 18 AVE</i>	<i>OCALA FL 34479</i>
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: 		Date <i>8-13-02</i>	Daytime Phone # <i>352-867-8526</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR25251 (8/97)

js 8/15/02

ACCREDITED
MORTGAGE SERVICES, OF OCALA

2141 N.E. 2nd Street, Ocala, FL 34470 352-867-8566 fax 352-867-8649

July 24, 2002

Florida Dept of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Dear Sir;

This letter is in response to non receipt of corporate annual report. Enclosed please find application for reinstatement and check # 2733 in the amount of \$ 300.00

Sincerely,



James M Cochrane
President

DOUGLAS CLARK

August 12, 2002

Florida Department of State
Division of Corporate Records
POB 6327
Tallahassee, Fl. 32314

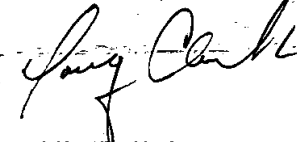
Dear Gentlemen,

Please consider this a letter of explanation why the Corporate Reinstatement form is being filled out.

In November of 1999, I started Clark Asset Management at the address of 605 Crescent Executive Court, St. #300 Lake Mary, Fl 32746. In July of 2000, I move my offices to it's current address. Unfortunately, My Landlord, E.B.S. an executive office rental firm never forwarded my mail.

Attached is my updated form for reinstatement along with the \$300.00 I understand is also due.

Thank you for your consideration,



Douglas B. Clark

Pres. Of Clark Asset Management