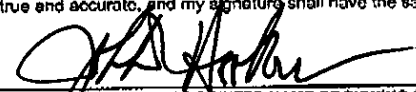


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 MAR 28 PM 12:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000048047					
1. Corporation Name LEAN STAR MORTGAGE CORPORATION					
2. Principal Office Address 200 Pierce St		3. Mailing Office Address 2000 - 2002			
City & State Tampa, FL		4. Date Incorporated or Qualified To Do Business in Florida 5/29/98			
5. FEI Number 59-3513695		Applied For ☐ Not Applicable			
6. CERTIFICATE OF STATUS DESIRED ☒		☒ \$3.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name John D. Hooker		400005258574--8			
Street Address (P.O. Box Number is Not Acceptable) 200 Pierce St		-04/12/02--01099--003			
City Tampa		****908.75 ****908.75			
State FL		Zip Code 33602			
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 3/19/02			
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		
Pres	John D. Hooker	200 Pierce St, Tampa, FL	Tampa FL 33602		
400005258574--8 -04/12/02--01099--004 ****150.00 ****150.00					
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)(l), 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: 		3/19/02 Date Daytime Phone # 813-229-0047			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					