


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 JUL 19 AM 9:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Corporation Name Sweet Home Mortgage Corporation 283 N. Northlake Blvd. 283 N. Northlake Blvd.				
2. Principal Office Address 283 N. Northlake Blvd. Suite, Apt. #, etc. 111 City & State Altamonte Springs, FL Zip 32701		3. Mailing Office Address 283 N. Northlake Blvd. Suite, Apt. #, etc. 111 City & State Altamonte Springs, FL Zip 32701		
Country Seminole		Country Seminole		
		4. Date Incorporated or Qualified To Do Business in Florida 06/01/1998		
		5. FEI Number 59-3516051		Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Mike Aaron				
Street Address (P.O. Box Number is Not Acceptable) 283 N. Northlake Blvd.				
Suite, Apt. #, Etc. 111				
City Altamonte Springs			State FL	Zip Code 32701
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 <i>Michael A. Aaron</i> Date <i>7/15/2004</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	
P	Michael Aaron	283 N. Northlake Blvd.	Altamonte Springs, FL 32701	
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: <i>Michael A. Aaron</i>		Date <i>7/15/2004</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

CR25081 (07/04)