

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 NOV 22 AM 5:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11162005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P98000068790</b>					
1. Entity Name ARIEL MORTGAGE SERVICES, INC.					
Principal Place of Business 4601 W KENNEDY BLVD, #124 TAMPA, FL 33609			Mailing Address 4601 W KENNEDY BLVD, #124 TAMPA, FL 33609		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3527088	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUGGINS, THOMAS III 4516 TARPON DRIVE TAMPA, FL 33617				Name Thomas Huggins, III	
				Street Address (P.O. Box Number is Not Acceptable) 10466 Bloomfield Hills Drive	
				City Seffner	
				FL	
				Zip Code 33584	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Thomas Huggins, III - DPST		11-17-05	
		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUGGINS, THOMAS	NAME			
STREET ADDRESS	4516 TARPON DRIVE	STREET ADDRESS	10466 Bloomfield Hills Drive		
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	Seffner, FL 33584		
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUGGINS, THOMAS III	NAME			
STREET ADDRESS	4516 TARPON DRIVE	STREET ADDRESS	10466 Bloomfield Hills Drive		
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	Seffner, FL 33584		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS	700061630947		
CITY-ST-ZIP		CITY-ST-ZIP	11/22/05--01077--013 **158.75		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE		Thomas Huggins, III		11-17-05 813-207-0003	
		(NOTE: Registered Agent signature required when reinstating)		DATE	

K. Eckel NOV 23 2005