


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 28 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074553

1. Corporation Name

MARATHON MORTGAGE, INC.

2. Principal Office Address

7138 Lake Worth Rd.

Suite, Apt. #, etc.

City & State

Lake Worth Florida

Zip

33467

Country

Palm Beach

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

4. Date Incorporated or Qualified
To Do Business in Florida

65-0871707

5. FEI Number

8/24/98

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

Kathleen Paparella

Street Address (P.O. Box Number is Not Acceptable)

12783 W. Forest Hill Blvd.

Suite, Apt. #, Etc.

Suite A.

City

Wellington, FL

State

FL

Zip Code

33414

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

[Signature]

Date

3/24/03

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.	Michael J. Miller	10 Atrium Circle B	Atlanta, FL 33462

02-03 UNBILITE

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (10/02)