2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000079587

Title:

Name: Address:

City-St-Zip:

Entity Name: CAPITAL MORTGAGE CENTER, INC.

() Delete

SCOLA, FRANCIS P

1765 W MARION AVE

PUNTA GORDA, FL 33950

FILED Oct 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6309 CORPORATE CT., #205 8140 COLLEGE PARKWAY FT. MYERS, FL 33919 # 103 FT. MYERS, FL 33919 **Current Mailing Address: New Mailing Address:** 6309 CORPORATE CT., #205 8140 COLLEGE PARKWAY FT. MYERS, FL 33919 # 103 FT. MYERS, FL 33919 FEI Number: 65-0872036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOLA, FRANCIS P 1765 W MARION AVE PUNTA GORDA, FL 33950 US 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. SIGNATURE: FRANCIS P SCOLA Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCOLA, FRANCIS P Name: Name: 1765 W MARION AVE Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: SCOLA, JANINE M Name: 1765 W MARION AVE Address: Address: PUNTA GORDA, FL 33950 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete CAPUTO, SIGISMONDO JENNA MARIE, SCOLA Name: Name: 22475 FORTUNE AVE 1765 W MARION AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33954 City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCIS PAUL SCOLA PRES 10/05/2005

() Change () Addition