

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000094385**

99 OCT 28 PM 4:49

1. Corporation Name

**OAIC MORTGAGE RESIDENTIAL SECURITIES, INC.**

Principal Place of Business

1675 PALM BEACH LAKES BOULEVARD  
 WEST PALM BEACH FL 33401

Mailing Address

1675 PALM BEACH LAKES BOULEVARD  
 WEST PALM BEACH FL 33401



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

08-27-99-90002-012 \$550.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
 To Do Business in Florida

11/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0873931

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
 for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ERBEY, WILLIAM C	1675 PALM BEACH LAKES BOULEVARD	WEST PALM BEACH FL 33401
D	HOLTON, PETER S	505 SOUTH FLAGLER DRIVE #1100	WEST PALM BEACH FL 33402
D	REICH, CHRISTINE A	1675 PALM BEACH LAKES BOULEVARD	WEST PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ERBEY, JOHN R  
 1675 PALM BEACH LAKES BOULEVARD  
 WEST PALM BEACH FL 33401

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
 Registered Agent

*John R. Barnes*

Date

10/20/99

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Barnes

Date

10/20/99

Daytime Phone #

561-680-8000

CR2E040 (8/99)