

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED Secretary of State **DIVISION OF CORPORATIONS** 01 MAY -4 PM 1: 35 **DOCUMENT #** 99000010506 SECRETARY OF STATE TALLAHASSEE, FLORIDA BANNER MORTGAGE CORPORATION Principal Office Address 3. Mailing Office Address SOUTHERN BLVD. 4. Date Incorporated or Qualified To Do Business in Florida FEB 3, 1999 5. FEI Number Not Applicable \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent DENNIS M. KERR. Street Address (P.O. Box Number is Not Acceptable) 0000004324310 IZA SARATOGA EAST. ŊË Suite, Apt. #, Etc. ****308.75 State oration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of 2001 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zlp SHARON K. KERR

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 /2001

561-792-7590

Daytime Phone #