

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 27 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Houseamerica Mortgage Banking Inc

199000032960

2. Principal Office Address

302 Magnolia Lake Drive

Suite, Apt. #, etc.

City & State

Longwood Florida

Zip

32779

Country

Siminole

3. Mailing Office Address

302 Magnolia Lake Drive

Suite, Apt. #, etc.

City & State

Longwood Florida

Zip

32779

Country

Siminole

4. Date Incorporated or Qualified
To Do Business in Florida

4-6-1999

5. FEI Number

593364355

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

James Lincoln Lovell

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

302 Magnolia Lake Drive

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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

James Lincoln Lovell

REGISTERED AGENT MUST SIGN

Date

11/20/2002

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	James L. Lovell	302 Magnolia Lake Drive Longwood	Longwood Florida 32779

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:

James Lincoln Lovell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2002

Date

407 788-8163

Daytime Phone #

CR2E081 (9/01)