

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 24 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 990000 34580

1. Corporation Name

All Seasons Mortgage Inc.

2. Principal Office Address

14570 South Military Trail

Suite, Apt. #, etc.

Suite G-2

City & State

Delray Beach, Fl.

Zip

33484

Country

USA

3. Mailing Office Address

14570 South Military Trail

Suite, Apt. #, etc.

Suite G-2

City & State

Delray Beach, Fl.

Zip

33484

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Apr. 15, 1999

5. FEI Number

65-0871290

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

Charles S. Baldwin

900006208819-1

-07/05/02-01014-005

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

****450.00 ****448.75

5742 Aspen Ridge Circle

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

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

Charles S. Baldwin

Date June 19, 2002

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 & CEO	Charles S. Baldwin	5742 Aspen Ridge Circle	Delray Beach, Fl. 33484
V.PRES & COO	Veraynn J. Baldwin	5742 Aspen Ridge Circle	Delray Beach, Fl. 33484

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: Charles S. Baldwin, President & CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-637-7788

Date

Daytime Phone #

CR20081 (6-01)