


2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | |
|---|--|---|
| DOCUMENT # P99000061751 | |  |
| 1. Entity Name HOME OWNERSHIP & MORTGAGE EXPERTS, INC. | | |

FILED
05 OCT 21 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|--|--|
| Principal Place of Business 2460 SALISBURY BLVD. WINTER PARK, FL 32789 | Mailing Address 2460 SALISBURY BLVD. WINTER PARK, FL 32789 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

10062005 REIN-P CR2E098 (6/04)

| | | |
|---|--|--|
| 4. FEI Number 59-3591142 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HOWARD, JASON (NMN) 2460 SALISBURY BLVD. WINTER PARK, FL-32789 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JASON HOWARD DATE 10/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST HOWARD, JASON (NMN) 2460 SALISBURY BLVD. WINTER PARK, FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON HOWARD DATE 10/6/05 DAYTIME PHONE # 321-688-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 15, 2005

Division of Corporations
Reinstatement Form
PO BOX 6327
Tallahassee, FL 32314

Home Ownership and Mortgage Experts, Inc.
2460 Salisbury Blvd
Winter Park, FL 32789
P99000061751

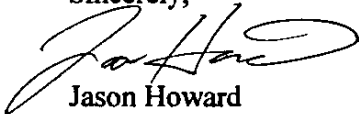
Dear Mr. Toner;

Please find enclosed a check for \$150 for my reinstatement for the above mentioned company. I did not receive an annual report notice. Please accept this enclosed check as payment in full to reactive my organization.

I apologize for any inconvenience I may have caused you or your organization regarding these unknown checks. I will continue to research this matter and I will notify you if your assistance is required in the future.

Please contact me at 321-689-5539 if there is any reason whatsoever why I can not be reinstated.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Howard", written over a horizontal line.

Jason Howard
President, V. President, Treasurer, Secretary
Home Ownership and Mortgage Experts, Inc.