

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000061751

1. Entity Name  
HOME OWNERSHIP & MORTGAGE EXPERTS, INC.



Principal Place of Business  
2460 SALISBURY BLVD.  
WINTER PARK, FL 32789

Mailing Address  
2460 SALISBURY BLVD.  
WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

FILED

05 OCT 21 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number  
59-3591142

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable.

JASON HOWARD

10/6/05

(NOTE: Registered Agent signature required when reregistering)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE PVST  
NAME HOWARD, JASON (NMN)  
STREET ADDRESS 2460 SALISBURY BLVD.  
CITY-ST-ZIP WINTER PARK, FL 32789

Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

7000060916757  
10/27/05--01/30--004 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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, President 10/6/05 321-689-5339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

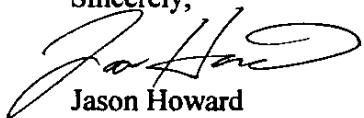
Dear Mr. Toner;

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,



Jason Howard

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