

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -8 PM 1:21

DOCUMENT # P99000065780

1. Corporation Name

Wellington Mortgage Trust, Inc.

2. Principal Office Address

3010A Pacific Ave

Suite, Apt. #, etc.

City & State

Forest Grove, OR

Zip

97116

Country

USA

3. Mailing Office Address

3010A Pacific Ave

Suite, Apt. #, etc.

City & State

Forest Grove, OR

Zip

97116

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1999

5. FEI Number

650939062

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

Jean Mosessian

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

2 VIA ANGELICO

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

Date 12/05/2005

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 |
|--------|--------------------------------------|---|------------------------|
| P | Jerome D. Remboldt | 3010A Pacific Ave | Forest Grove, OR 97116 |
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600062021336

12/05/05-01046-018 **908.75

REINSTATEMENT

01-05
B 12/9/05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Remboldt

Date

12-07-05

Daytime Phone #

503-297-9959