## P9900072696

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 25, 2000

A. Griffin 634 Dartmouth St. Orlando, FL 32804

SUBJECT: DRAKE FINANCIAL INC.

Ref. Number: P99000072696

We have received your document for DRAKE FINANCIAL INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To resign as registered agent for an inactive corporation, the enclosed resignation form should be completed and returned with a filing fee of \$35.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne Senior Section Administrator

Letter Number: 800A00050229

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DIVISION OF CORPORATIONS

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S. PAYNE OCT 18 2000

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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## **CERTIFICATE OF RESIGNATION**

Business Name: DRAKE FINANCIAL INC.

| Business Tax Identification Number: 59-3592398  |
|---|
| Business Address: 18840 US HWY 19 North Suite #400 Clearwater, Florida 33764  |
| Business Description: MORTGAGE COMPANY  |
| I, the undersigned, do hereby certify that I duly temder my resignation as Director, President, Employee, and Officer in any capacity as a registered agent, which I serve in <u>DRAKE FINANCIAL INC.</u> on this <u>14</u> day of <u>September</u> , 2000. |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14 day of September, 2000.  |
| SIGNED, SEALED, AND DELIVERED IN THE PRESENCE OF:  Resignation Signature  Witness  Chale Fowell   |
| State of: FLORIDA County of: 17000  |
| The foregoing instrument was acknowledge before me this 14th day of Sentember, 2000.  |
| Notary Public, State of Florida  May commission expires:  CHARLENE A. MURRAY  No. CC 785058  [1] Personally Known [1] Other I.D.  |

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SECRETARY OF STATE
TACLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,                               |
|---|
| Florida Statutes, the undersigned, Aloxis (Name of registered agent)  |
| hereby resigns as Registered Agent for <u>Orake Financial Two.</u> (Name of corporation)                              |
| A copy of this resignation was mailed to the above listed corporation at its last known address.                      |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. |
| (Signature of resigning agent)  |
| If signing on behalf of an entity:  |
| Alexis L. Coriffic (Typed or Printed Name)  |
| President, Director, Office, Employee (Capacity)  |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314