PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION FOR** FILED 00 OCT 27 PM 4: 04 P99000084561 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE FLORIDA VADEN MORTGAGE SERVICES, INC. Principal Place of Business Mailing Address 1333 SNELL ISLE BLVD. 1333 SNELL ISLE BLVD. ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 If above addresses are incorrect in any way, line through incorrect information and enter correction below New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 3. New Mailing Office Address, If Applicable 09/23/1999 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip and/or Directors ST. PETERSBURG FL 33703 2093 CAROLINA AVE., NE LINDA VADEN. ST. PETERSBURG FL 33703 VADEN, DEAN 2093 CAROLINA AVE., NE 100003463591---1 -11/15/00--01013--003 \*\*\*\*150\_00\_\_\*\*\*\*150\_00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name VADEN. LINDA Street Address (P.O. Box Number is Not Acceptable) 2093 CAROLINA AVE., NE Suite, Apt. #, Etc. ST. PETERSBURG FL 33703 State Zip Code City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 11. 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 filling

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 & Registered Age

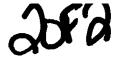
City & State

Title(s)

D

D

SIGNATURE AND TYP D OR PRINTED NAME OF SIGNING OFFICER OR DIREC



OCTOBER 24, 2000 TO: FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS.

TO WHOM IT MAY CONCERN,

I RECEIVED A LETTER IN THE MAIL ON OCTOBER 23, 2000 INFORMING ME THAT MY CORPORATION HAS BEEN DISSOLVED. I CALLED RIGHT AWAY TO FIND OUT WHY AND I WAS TOLD THAT I SHOULD HAVE REVIVED 2 LETTERS TO RENEW MY CORPORATE STATUS FOR ANOTHER YEAR. I EXPLAINED THAT I DID NOT RECALL EVER RECEIVING THE NOTICES.

THIS IS THE FIRST YEAR THAT I HAVE EVER BEEN INVOLVED IN A CORPORATION SO I WAS NOT AWARE THAT THIS WAS SOMETHING THAT HAD TO BE RENEWED. LOOKING BACK AT MY PAPERS I REALIZED THAT THIS INFORMATION WAS PROVIDED TO ME. I AM NOT SURE WHY I DID RECEIVE THE NOTICES, BUT I AM ASKING YOU TO PLEASE REINSTATE MY CORPORATION WITHOUT THE LARGE PENALTY. THIS WOULD BE VERY DIFFICULT FOR ME TO DO. PLEASE LET ME KNOW IF YOU ARE WILLING TO WORK THIS OUT WITH ME.

JINCERELY.

INDA VADEN, PRESIDENT VADEN MORTGAGE SERVICES.