PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



P99000086634

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

SIGH OF CORPORATIONS 00 OCT 30 AM 11:50

FILLED

1. Corporation Name

DOCUMENT #

OPTIMUM MORTGAGE SERVICES, INC.

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If above addresses are incorrect in any way, line through incorrect Information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date incorporated & Qualified 7. Do Business in Florida 9/30/1999 5. FEI Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 8. Satista City & State City & State Country 7. Names and Street Addresses of Each Officer anafor Director (Florida nonprofit corporations must list at least 3 directors) 8. Name of Officers 8. Name of Officers 8. Super Address of Each Officer anafor Directors 7. Title(s) 2. Name of Officers 8. Name of Officers 8. Super Address of Each Officer anafor Directors 9. Name of Officers 9. Name of Officers 1. Howell Rd. 1. Leeing appointed the registered Agent 1. Leeing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 1. Leeing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 1. Leeing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 1. Leeing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 1. Leeing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 1. Leeing appointed the registered agent of the above named corporation, am familiar with and accept the obligations are provided for in chapter 607 or 617, F.S. Interfect certify that whee file the section for 607.0610 or 617.0401 f.S. Interfect or 617.0610 ref 70.0401, F.S. Interfect certify that whee file the section for 607.0610 ref 70.0401, F.S. Interfect or 617.0401 ref 70.0401, F.S. Interfect or 61	407,4	-K Howell Nd.	407	1 LK 1401	well ru.	,		_ \
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Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip D/P/V BOYESEN, DARREN G SOS WEKKNA SPRINGS RD., STE. 500 HONGWOOD, FL 32779 BOYESEN, KAREN S 505 WEKKNA SPRINGS RD., STE. 500 HONGWOOD, FL 32779 BOYESEN, KAREN S 505 WEKKNA SPRINGS RD., STE. 500 HONGWOOD, FL 32779 8. Name and Address of Current Registered Agent State Agent State Address of New Registered Agent Name 8. Name and Address of Current Registered Agent State Address (P.O. Box Number is Not Accoptable) 10. I, being appointed the registered agent of the above named corporation, am familier with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Registered Agent State Agent	7. Names and	Street Addresses of Each Officer and	or Director (Flor	ida nonprofit corpor	ations must list at lea	ast 3 directors)		
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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 individuals	thic reinstat	tement annication, the reason for diss	olution has been	eliminated, the corp	orate name satisfies	s the requirements	s of section 607,0401 or 617.0	1401, ۴.S., that all fees

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407-672-0174

Daytime Phone #