PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

FILED
03 MAR 14 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096236

1. Corporation Name
PREMIUM CHOICE MORTGAGE C

100 E LINTON BLVD
SUITE # 107B
DELRAY BCH FL
Zip 33483 Country WEST PALM BCH

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/99

5. FEI Number 65-0962650 Applied For

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 Additional Fee required

7. Name and Address of Current Registered Agent

Name HEATHER THOMAS

400011446254
03/21/03--01041--032 **60.00

Street Address (P.O. Box Number is Not Acceptable) 1110 SW 44 WAY

Suite, Apt. #, Etc.

City DEERFIELD BCH State FL Zip Code 33442

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 Heather Thomas Date 3/13/03
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
CEO	HEATHER THOMAS	1110 SW 44 WAY	DEERFIELD BCH FL 33442

400011446254
03/21/03--01041--031 **8.75

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: Heather Thomas 3/13/03 (954)481-9445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #