

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

~~APPLICATION FOR REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1992

DOCUMENT # **P99000102623**
 1. Corporation Name
AMERIPLUS MORTGAGE CORPORATION

01 OCT 17 PM 5:50

Principal Place of Business	Mailing Address
746 ROSALIE WAY WINTER SPRINGS FL 32708	746 ROSALIE WAY WINTER SPRINGS FL 32708



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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	11/22/1999
5. FEI Number	NOT APPLICABLE
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MARTIN, KIRK	746 ROSALE WAY	WINTER SPRINGS FL 32708

600004657806--2
 -10/29/01--01084--008
 ****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

MARTIN, KIRK E
 746 ROSALIE WAY
 WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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.

Signature of Registered Agent: Kirk E. Martin Date: 10-15-01
 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 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: Kirk E. Martin Date: 10-15-01 Daytime Phone #: 407-699-5095
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

2/2

Kirk E. Martin
746 Rosalie Way
Winter Springs, FL 32708
RE: Ameriplus Mortgage Corporation

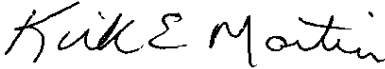
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

October 15, 2001

Division of Corporations Representative:

I was surprised to receive this notice as the first request I have received this year. If there was an earlier form mailed to me I can assure you I did not receive it. If there is a problem with a wrong address or name or something please phone me to clear it up. The numbers on this form are correct however. Please accept my normal reinstatement fee of \$150.00 and my appreciation for your understanding. I have already made note here to look for this for next year and contact you first if I do not receive it. Again thank you.

Respectfully yours,



Kirk Martin