

10/3/03 01084 025 *550.00


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 11 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # F02000003953

1. Corporation Name

AA SCHOOL OF MORTGAGE LENDING, INC.

2. Principal Office Address 800 BELLEVUE WAY NE		3. Mailing Office Address 800 BELLEVUE WAY NE	
Suite, Apt. #, etc. 4th FLOOR		Suite, Apt. #, etc. 4th FLOOR	
City & State BELLEVUE, WA		City & State BELLEVUE, WA	
Zip 98004	Country USA	Zip 98004	Country USA

REINSTATEMENT 03 MRS

4. Date Incorporated or Qualified To Do Business in Florida	08/02/2002
5. FEI Number	91-1710552
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	A1A REGISTERED AGENT INC.		
Street Address (P.O. Box Number is Not Acceptable)	92 SADBERRY ROAD		
Suite, Apt. #, Etc.			
City	State	Zip Code	
QUINCY	FL	32351	

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 Paul Smith PAUL SMITH Date 12-04-03

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
C	WILLIAMS, SUSAN	48 INEZ ST.	NARRAGANSETT, RI 02882
D	PFEIFERS, WILLIAM D	48 INEZ ST.	NARRAGANSETT, RI 02882

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: Susan Williams SUSAN WILLIAMS Date 12-10-03 Daytime Phone # 401.789.2047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)