

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **231500**

1. Corporation Name
IBIS MORTGAGE CORP.

FILED
 01 OCT 24 PM 4:55
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
 2303 N. FEDERAL HWY. SUITE 14 FT. PIERCE FL 34946 US
~~P.O.-BOX-1388~~ FT. PIERCE FL ~~34954~~



2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

2303 N US #1, Ste 14
Fort Pierce
34946

4. Date Incorporated or Qualified To Do Business in Florida **12/28/1959**

5. FEI Number **59-2823506** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
VP	HALEY, LINDA J.	2850 HUNTERS POND LANE	SNELLVILLE GA 30078
P	FERRIS, ANITA J.	2505 TAMARIND DR. D	FORT PIERCE FL 34949
SD	FERRIS, RAYMOND E	2505 TAMARIND DR APT D TAMARIND	FT. PIERCE FL 34949
			400004687384--6 -11/19/01--01050--009 ***750.00 ***750.00

8. Name and Address of Current Registered Agent
TEEL, III E
805 VIRGINIA AVENUE
SUITE 21
FORT PIERCE FL 34982

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/27/01
 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.

Raymond E Ferris SECT DIRECTOR
SIGNATURE: SIGNATURE REQUIRED Date 561-466-4749
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (8/01)