

P. 02-11-00
 1704000037739
 04 FEB 20 PM 2:45

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F01000002854

1. Corporation Name
 Ideal Mortgage Bankers, Inc.

2. Principal Office Address One Old Country Road Suite, Apt. #, etc. Suite 300 City & State Carle Place, NY Zip 11514		3. Mailing Office Address 201 Old Country Road Suite, Apt. #, etc. City & State Melville, NY Zip 11747	
Country US		Country US	

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 5/29/01

5. FEI Number 112683197 Applied For Not-Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Blumbergexcelsior Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
4435 Old Winter Garden Road

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32811

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 *JMT* ASST SECY REGISTERED AGENT MUST SIGN Date 2-19-04

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
D/P	Kevin McFadzen	44 Oxford Road	Rockville Centre, NY 11570
D/CEO	Michael Primeau	11 Elm Street	Lynbrook, NY 11563
SVP	Helene DeCillis	15 Renown Street	Lake Grove, NY 11755
CFO	Timothy Mayette	15 Gingerbread Road	Kings Park, NY 11754

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)(c), 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: *Helene DeCillis* 2/13/04 (631) 944-6800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BLUMBERGEXCELSIOR
 200-221-2972X575

17040000377393

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000037739 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

CORPORATION REINSTATEMENT**IDEAL MORTGAGE BANKERS, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75

[Electronic Filing Menu](#)[Corporate Filing](#)[Public Access Help](#)