

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000006072

FILED
Sep 01, 2009
Secretary of State

Entity Name: OLYMPIC MORTGAGE CONSULTANTS, INC.

Current Principal Place of Business:

400 CARL ST., #201
WILMINGTON, NC 28403

New Principal Place of Business:

Current Mailing Address:

400 CARL ST., #201
WILMINGTON, NC 28403

New Mailing Address:

FEI Number: 43-2069314 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH CT. NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ERIC WOLZ, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: HAINES, JAMES W. III
Address: 400 CARL ST., #201
City-St-Zip: WILMINGTON, NC 28403

Title: DV () Delete
Name: SPIRARKIS, PETE
Address: 400 CARL ST., #201
City-St-Zip: WILMINGTON, NC 28403

Title: DS (X) Delete
Name: MAGELL, PETE
Address: 400 CARL ST., #201
City-St-Zip: WILMINGTON, NC 28403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: SPIRARKIS, PETE
Address: 400 CARL ST., #201
City-St-Zip: WILMINGTON, NC 28403

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. HAINES III

Electronic Signature of Signing Officer or Director

PRES

09/01/2009

Date