

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 DEC -2 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # F97000004128

1. Corporation Name

PACIFIC EXCHANGE MORTGAGE LENDER, INC.

Principal Place of Business

Mailing Address

20301 VENTURA BLVD., STE 350  
WOODLAND HILLS CA 91364

20301 VENTURA BLVD., STE 350  
WOODLAND HILLS CA 91364

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

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1997

State, Apt #, etc

State, Apt #, etc

5. FEI Number

95-4590734

Applied For  
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCD	MOSTOFI, ROUZHANGIZ	2321 GREEN CASTLE LANE	OXNARD CA
V	TEHRANI, KEVIN	22106 CLARENDON ST. NO. 362	WOODLAND HILLS, CA
VSD	WALESKY, WILLIAM	2216 PLANT AVENUE NO. 'A'	REDON BEACH, CA
<b>REINSTATEMENT 98</b>			<b>13-12/2/98</b>

300002702353--7  
-12/03/98--01098--002  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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

*Ed Ham* REGISTERED AGENT MUST SIGN

Date

12/2/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on Intangible tax)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ed Ham*

11-20-98

Date

Daytime Phone #

(818) 999-5959