

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000005694**

1. Corporation Name

**CITYWIDE MORTGAGE CORPORATION**

Principal Place of Business

Mailing Address

8401 CORPORATE DR., STE. 200  
 LANDOVER MD 20785

8401 CORPORATE DR., STE. 200  
 LANDOVER MD 20785

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 03

4. Date Incorporated or Qualified To Do Business in Florida

10/12/1998

5. FEI Number

52-1937599

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
CPT	SEGAL, MICHAEL	<del>7500 WOODMONT AVE. #104</del>	BETHESDA MD 20814
CVS	SELIGMAN, BRIAN	<del>7701 WOODMONT AVE. #406</del>	BETHESDA MD 20814
	Michael Segal	8033 Rising Ridge Rd	Bethesda Md 20817
	Brian Seligman	9209 Cambridge Manor Ct	Potomac Md 20854

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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. or 617.0505, F.S.

Signature of Registered Agent

*Susan P. Clough*  
 REGISTERED AGENT MUST SIGN

Date

10/22/03

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.

SIGNATURE:

*Brian Seligman*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Vice President

Date

Daytime Phone #

10/21/03 3d-459-5700 4103

CR2E040 (7/03)

JEANETTE M. BIGBY

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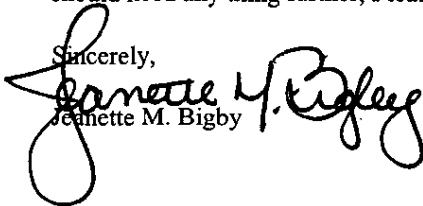
8401 Corporate Drive  
Suite 200  
Landover MD 20785

October 21, 2003

To Whom this may concern:

I am writing to let you know that I responded to your letter dated 9/16/03. All corrections were made and then mailed via United States Mail the following day. I am now in receipt of the certificate of Administrative dissolution or revocation. Please find the attached form with all of the corrections. If you should need anything further, please feel free to call me at 301-459-5700 X150.

Sincerely,

  
Jeanette M. Bigby