

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP -9 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/13/02--01034--027
*****467.50 *****467.50

REINSTATEMENT

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000018950

1. Corporation Name

Par South Mortgage Company, Inc.

WB2-24756

2. Principal Office Address

15 Toilsome Lane

3. Mailing Office Address

15 Toilsome Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

East Hampton, New York

City & State

East Hampton, New York

Zip

11937

Country

United States

Zip

11937

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/95

5. FEI Number

650562879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Florida State Incorporation Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

6699 Pluto Terrace

Suite, Apt. #, Etc.

City

Lake Park

State

FL

Zip Code

33403

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/3/02

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
Director	Patricia A. Romanzi	15 Toilsome Lane	East Hampton, New York 11937

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 607.043 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]

PATRICIA A. ROMANZI

8/8/02 631 324 8201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/02