

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 JUN 24 AM 9:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M09089**

1. Corporation Name
ACM MORTGAGE, INC.

Principal Place of Business
**9793 SUNSET DR.
 MIAMI FL 33173**

Mailing Address
**9793 SUNSET DR.
 MIAMI FL 33173**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1174 SW 117 Ave	3. New Mailing Office Address, If Applicable 7174 SW 117 Ave	4. Date Incorporated or Qualified To Do Business in Florida 12/18/1984
5. FEI Number 59-2506417	Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSV	TUNE, CARMEN	10105 NW 4TH LANE	MIAMI FL
			000002572750--4 -06/25/98--01093--005 ****300.00 ****300.00
			REINSTATEMENT 97-98 TB. 6/24
			TB. 6/29

8. Name and Address of Current Registered Agent TUNE, CARMEN 8304 SW 168 TERR. MIAMI FL 33157	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8304 SW 168 TERR Suite, Apt. #, Etc. City Miami State FL Zip Code 33157
---	--

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: *Carmen Tune* Date: **6-15-98**

REGISTERED AGENT MUST SIGN

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: *Carmen Tune* Date: **6-15-98** (305) 279-3388
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (8/97)