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 NOV -3 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000034483**

1. Corporation Name

LEMD MORTGAGE AND FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
14576 KEY LIME BLVD. LOXAHATCHEE FL 33470	14576 KEY LIME BLVD. LOXAHATCHEE FL 33470

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

REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida: 03/29/2002

5. FEI Number: 03-042-0775 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DORVILUS, LEMEL	14576 KEY LIME BLVD.	LOXAHATCHEE FL 33470

300024375533
11/03/03--01032--016 **150.00

8. Name and Address of Current Registered Agent

DORVILUS, LEMEL
~~5512 BROADWAY~~
~~WEST PALM BEACH, FL 33407~~
14576 Key Lime Blvd
Loxahatchee, FL 33470

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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: [signature] Date: 10/17/03
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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.

(561) 662-8306

SIGNATURE: [signature] Lemel Dorvilus 10/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/22/03

From: Lemet Dorvilus

To: Florida Department of State
Division of corporations

Re: ANNUAL Report 2003

I did file online the company annual report on 3/31/03. I paid on line and the system did approve the payment.

Now I receive a booklet from the State stating that the organization was dissolved due to nonpayment.

I ask please to wave the penalty involved and to accept the $150.00 check enclosed since Lemd Mortgage and Financial Services INC. did file its anndual report on time. ~~and the~~

For more information Call me at 561-662-8306
Fax 561-333-8695 E-mail dmre143@yahoo.com
Thank you

Registered Agent / President