

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

03-042-0775

Not Applicable

Zip

Country

Zip

Country

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

9. Name and Address of New Registered Agent

DORVILUS, LEMEL

5512 BROADWAY

WEST PALM BEACH FL 33407

14576 Key Lime Blvd
Loxahatchee, FL 33470

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

REGISTERED AGENT MUST SIGN

Date

10/17/03

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lemel Dorvilus

10/17/03

(561) 662-8306

10/22/03

From: Lemet Dorvilus

To: Florida Department of State
Division of Corporations

Re: Annual Report 2003

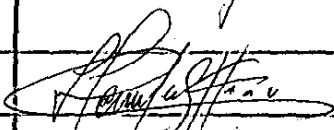
I did file online the company annual report on 3/31/03. I paid online and the system did approve the payment.

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 Lemt Mortgage and Financial Services INC. did file its annual report on time, and the

For more information Call me at 561-662-8306
Fax 561-333-8695 E-mail dince143@yahoo.com

Thank you



Registered Agent / President