

AUG 4 1998 12:23 PM

HIRSCHLER FLEISCHER - DC

NO. 202 393 1766 P.C.E. 03/04
AUG 04 '98 10:49 AM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG -3 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA100000736035

1. Corporation Name

Bankers Mortgage of South Florida, Inc.

Principal Place of Business

Mailing Address

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

REINSTATEMENT 97-98

2. New Principal Office Address, if Applicable

8551 W. Sunrise Boulevard

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 106

4. Date Incorporated or Qualified To Do Business in Florida

September 3, 1996

5. FEI Number

65-0693162

Applied For

Not Applicable

City & State
Plantation, FL

City & State

Zip
33322

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Yr(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Lester W. Salzman	2551 Jardin	Weston Hills, FL 33227
P	Lester W. Salzman	2551 Jardin	Weston Hills, FL 33227
S	Denise Salzman	2551 Jardin	Weston Hills, FL 33227

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-08/11/98--01024--016

****908.75 ****988.75

8. Name and Address of Current Registered Agent

Lester W. Salzman
2551 Jardin
Weston Hills, FL 33227

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State _____ 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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 8/4/98

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)(c), 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:

8/4/98

954-385-8400