

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

1. Corporation Name

The Mortgage Factory, Inc.
P97000071379

W-18932

2. Principal Office Address

3701 N 29 Ave
Suite, Apt. #, etc.

3. Mailing Office Address

3701 N 29 Ave
Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

USA

Zip

33020

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/18/97

5. FEI Number

65-0779245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Law Offices of Rozalyn Landisburg PA

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

3701 N. 29 Ave

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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**

Rozalyn Landisburg
REGISTERED AGENT MUST SIGN

Date 7/18/00

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
Pres	Michael A. Cohen	3425 SW 16 ST	Ft Lauderdale FL 33312
VP	Rozalyn Landisburg	3485 S Longfellow Cir	Hollywood FL 33021
Med. Dir.	Nadene Bickell	94 Hone Road	Hatfield PA 19048
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			AD

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 607.0401 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:

Michael A. Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00
Date

954-27-2995
Daytime Phone #