

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

Annual Report

DOCUMENT # G99377

1. Corporation Name

HOME SECURITY MORTGAGE CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN 26 AM 10:08

Principal Place of Business

Mailing Address

1111 Kane Concourse, Suite 200
Bay Harbor Islands, Florida 33154

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1111 Kane Concourse

Suite, Apt. #, etc.

3/7/84

Suite 200

City & State

5. FEI Number

Applied For

Bay Harbor Islands, FL

City & State

59-2380082

Not Applicable

Zip 33154 Country USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES DIRECTOR	TRACI WASERSTEIN	9509 HARDING AVENUE	SURFSIDE, FLORIDA 33154
Sec V PRES DIRECTOR	JEANETTE RALJMAN	913 NORMANDY DRIVE	MIAMI BEACH, FLORIDA 33141

300002227843--3
-07/01/97--01066--009
***165.00 ***165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

RICHARD WASERSTEIN

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

913 NORMANDY DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH, FLORIDA

State

Zip Code

FL 33141

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax)

JUN 26 1997

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

(305) 867-2274