

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**94-96**  
APPLICATION FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 AUG 16 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000011460**

1. Corporation Name  
**FIRST INVESTORS MORTGAGE  
CORP.**

Principal Place of Business Mailing Address  
**1521 NW 180 WAY  
PEMBROKE PINES, FL 33029** **SAME**

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

2. New Principal Office Address, if Applicable **SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Address, if Applicable **SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/9/93**

5. FEI Number

**65-0385139**

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

SALES AND USE TAX PERMIT

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

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip   |
|-------------|--------------------------------------|----------------------------------------------------------------------------------------|-------------------------|
| DIRECTOR    | GENE P. SIEBRIST                     | 1521 NW 180 WAY                                                                        | PEMBROKE PINES FL 33029 |
|             |                                      |                                                                                        |                         |
|             |                                      |                                                                                        |                         |
|             |                                      |                                                                                        |                         |
|             |                                      |                                                                                        |                         |
|             |                                      |                                                                                        |                         |
|             |                                      |                                                                                        |                         |
|             |                                      |                                                                                        |                         |
|             |                                      |                                                                                        |                         |

**94-96**

**REINSTATEMENT**

000001926760  
-08/20/96--01/06--009  
\*\*\*\*775.00 \*\*\*\*775.00

**Palau  
B-10-96**

8. Name and Address of Current Registered Agent

**GENE P. SIEBRIST  
1521 NW 180 WAY  
PEMBROKE PINES FL  
33029**

9. Name and Address of New Registered Agent

Name **GENE P. SIEBRIST**  
Street Address (P.O. Box Number is Not Acceptable)  
**1521 NW 180 WAY**  
Suite, Apt. #, Etc.

**PEMBROKE PINES**

State

Zip Code

**FL 33029**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT

Date **8/13/96**

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)

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)(h), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(h) 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 this 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

**GENE P. SIEBRIST**

Date

Daytime Phone

**305-450-1463**