

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P96000027544**

01 OCT 15 AM 10:05

1. Corporation Name

AMFED MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

420 E. HIGHWAY 434
LONGWOOD FL 32750

420 E. HIGHWAY 434
LONGWOOD FL 32750



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

39-3368462

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	PANDOLFI, JAMES	411 MONTICELLO DR	ALTAMONTE SPRINGS FL 32701
V	POLLAK, ALEXANDER	11 ESCANDIDO CIR	ALTAMONTE SPRINGS FL 32701
C	HENDRICKSON, COLLINS	1467 DEER LAKE CIR	APOPKA FL 32712
			100004649281 -- 4 -10/23/01--01015--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ENGLEHARDT, JOHH C
1524 E LIVINGSTON STREET
ORLANDO FL 32803

Name **JAMES PANDOLFI**
Street Address (P.O. Box Number is Not Acceptable)
411 MONTICELLO DR
Suite, Apt. #, Etc.
ALTAMONTE SP, FL 32701
City **ALTAMONTE SPRINGS** State **FL** Zip Code **32701**

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/11/01

11. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01 407-260-101E
Date Daytime Phone #

CR2E040 (8/01)