

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F00000005360**

1. Corporation Name

**WFS MORTGAGE SERVICES, INC.**

Principal Place of Business

Mailing Address

50 MT. BETHEL RD.  
WARREN NJ 07059

50 MT. BETHEL RD.  
WARREN NJ 07059

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/21/2000**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**22-3281532**

Applied For

Not Applicable

City & State

City & State

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	FELDMAN, DANIEL	50 MT. BETHEL RD.	WARREN NJ
P	FELDMAN, SALLY	50 MT. BETHEL RD.	WARREN NJ
			000004695190--1 -11/27/01--01051--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CARUSO, ROBERT  
1322 SEAGATE DR.  
PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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

*Robert Caruso*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**10/29/01**

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:

*Sally Feldman*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**X13**

**10/23/01 908-769-3850**

CR2E040 (9/01)

# WFS MORTGAGE SERVICES, INC.

50 Mt. Bethel Road - Warren, NJ 07059 • 908-769-3950 FAX: 908-769-3952

October 23, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sir,

Please be advised that I did not receive the necessary forms to complete to satisfy the filing report. I apologize for the late filing of this report. Please accept the enclosed \$150.00 to reinstate the corporate status in Florida.

Thank you for your consideration of this request.

Very truly yours,



Sally Feldman  
President