

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000016747**

1. Corporation Name

**MORTGAGE AMERICA ASSOCIATES, INC.**

Principal Place of Business

3211 PONCE DE LEON BLVD.  
SUITE 210  
CORAL GABLES FL 33134

Mailing Address

3211 PONCE DE LEON BLVD.  
SUITE 210  
CORAL GABLES FL 33134

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/2000

5. FEI Number

52-2217875

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ALVAREZ, HECTOR III	3211 PONCE DE LEON BLVD.	CORAL GABLES FL 33134
P	LACKOWITZ, JEFFREY	3211 PONCE DE LEON BLVD	CORAL GABLES FL 33134
VP	ALVAREZ, HECTOR III	3211 PONCE DE LEON BLVD	MIAMI FL 33134

200008564412  
10/24/02--01032--014 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALVAREZ, HECTOR III  
3211 PONCE DE LEON BLVD.  
SUITE 210  
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/21/02

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 (305) 7749597