

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G99377**

1. Corporation Name

HOME SECURITY MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

725 71ST ST
SUITE 200
MIAMI BEACH FL 33141
US

725 71 ST
SUITE 200
MIAMI BEACH FL 33141
US

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

REINSTATEMENT 03



800024504458

11/07/03--01021--028 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1984

5. FEI Number

59-2380082

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
PD	WASERSTEIN, TRACI	6555 ALLISON RD	MIAMI BEACH FL 33141
VSD	RAJMAN, JEANETTE	6325 ALLISON RD	MIAMI BEACH FL 33141

800024504458
11/24/03--01046--017 **600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WASERSTEIN, RICHARD
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

Change
of
address
ONLY

Name

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

1124 Kane Concourse

Suite, Apt. #, Etc.

City

Bay Harbor

State

FL

Zip Code

33154

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Traci
Waserstein

Date

10/31/03

Daytime Phone #

305-
867-
2274

CR2E040 (7/03)