

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 696871

1. Corporation Name

NAGYMIHALY MORTGAGE COMPANY, INC.

Principal Place of Business

3550 BISCAYNE BOULEVARD
SUITE 401
MIAMI FL 33137

Mailing Address

3550 BISCAYNE BOULEVARD
SUITE 401
MIAMI FL 33137

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

2520 So MIAMI AVE

MIAMI FLA

MIAMI FLA

33129

DADE

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1981

5. FEI Number

59-1113792

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	NAGYMIHALY, EVA	1738 S MIAMI AVENUE	MIAMI, FL 00000
DS	NAGYMIHALY, CHARLOTTE	1738 S MIAMI AVENUE	MIAMI, FL 00000
			300002706309--9 -12/08/98--01067--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CIRAVOLO, RICH G
3550 BISCAYNE BLVD. STE 401
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name CIRAVOLO RICH G.
Street Address (P.O. Box Number is Not Acceptable) 1605 Methia Dr
Suite, Apt. #, Etc. Miami, FL 33137
City Miami, FL
State FL Zip Code 33137

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/21/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLOTTE NAGYMIHALY

11/21/98
Date

305 854 8863
Daytime Phone #

CR2EC040 (9/98)