

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F00000003466

1. Corporation Name

METROPOLITAN MORTGAGE SERVICES, INC.

Principal Place of Business

Mailing Address

~~590 ANDERSON AVENUE~~  
~~SUITE 104~~ 745 PALISADE AVENUE  
CLIFFSIDE PARK NJ 07010

~~590 ANDERSON AVENUE~~  
~~SUITE 104~~ 745 PALISADE AVENUE  
CLIFFSIDE PARK NJ 07010

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

745 Palisade Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07010

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2000

5. FEI Number

22-3225654

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CARREIRA, ANTHONY	137 CHARLOTTE PL	ENGLEWOOD CLIFFS NJ 07632
V	CALABRESE, GERALD JR.	620 ANDERSON AVE.	CLIFFSIDE PARK NJ 07010
S	ENNIS, WILLIAM	70 TERRACE ST.	HAWORTH NJ 07641

REINSTATEMENT 02-04

100038425971  
06/29/04--01060--009 \*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALABRESE, GERALD  
108 EAST CORAL FISH LANE  
JUPITER FL 32302-1500

Name Gerald Calabrese c/o W. Ennis

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

108 East Coral Fish Lane

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

32302-1500

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 GERALD A. CALABRESE JR.

Date

6/24/04

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 GERALD A. CALABRESE JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #