

Nov. 3. 2008 3:25PM

No. 5816 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV -3 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002851

1. Corporation Name

Professional Mortgage Bankers Corp.

2. Principal Office Address - No P.O. Box #
400 Post Avenue3. Mailing Office Address
400 Post AvenueSuite, Apt. #, etc.
Suite 400Suite, Apt. #, etc.
Suite 400City & State
Westbury, NYCity & State
Westbury, NYZip
11590Country
USAZip
11590Country
USA4. Date Incorporated or Qualified
To Do Business in Florida 05/29/20015. FEI Number
11-2990329Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Incorporating Services, Ltd.

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

1540 Glenway Drive

Suite, Apt. #, Etc.

City
TallahasseeState
FLZip Code
32301☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent*Karen E. Elliott, Assistant Secretary*

Date 11/3/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Norman I. Wellen	400 Post Avenue	Westbury, NY 11590
S	Janice K. Wellen	400 Post Avenue	Westbury, NY 11590
T	Donna M. Figlia	400 Post Avenue	Westbury, NY 11590
V	Justin H. Wellen	400 Post Avenue	Westbury, NY 11590

10. 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 contained in Chapter 119, 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:

Norman I. Wellen

Norman I. Wellen

10/31/08

516-333-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

CORPORATION REINSTATEMENT

PROFESSIONAL MORTGAGE BANKERS CORP.

Certificate of Status	0
Certified Copy	0
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\$600.

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