

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 21 AM 8:00

**DOCUMENT # F01000003547**

**1. Corporation Name**

New Start Mortgage.net, Inc.

19667 Waters End Drive

**2. Principal Office Address**

19667 Waters End Drive

**3. Mailing Office Address**

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Zip

33434

Country

USA

Zip

Country

**REINSTATEMENT**

03-04  
MRS

**4. Date Incorporated or Qualified**

To Do Business in Florida June 29, 2001

**5. FEI Number**

22-3598959

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Walter Eidelkind

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

19667 Waters End Drive

Suite, Apt. #, Etc.

302

City

Boca Raton

State

FL

Zip Code

33434

**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

*Walter Eidelkind*

REGISTERED AGENT MUST SIGN

Date 9/15/04

**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
Pres.	Walter Eidelkind	19667 Waters End Drive, #302	Boca Raton, FL 33434

**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 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:**

*Walter Eidelkind*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-487-4296

Date

Daytime Phone #

CR2E061 (01/04)