

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F02000003987

1. Corporation Name

MORTGAGE MARKET RESOURCES INC.

Principal Place of Business

25 CHAPEL STREET, STE. 600  
BROOKLYN NY 11201

Mailing Address

25 CHAPEL STREET, STE. 600  
BROOKLYN NY 11201

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

2. New Principal Office Address, If Applicable

11 PARK PLACE

Suite, Apt. #, etc.

SUITE 1912

City & State

NEW YORK

NY

Zip

10007

Country

USA

3. New Mailing Office Address, If Applicable

11 PARK PLACE

Suite, Apt. #, etc.

SUITE 1912

City & State

NEW YORK

NY

Zip

10007

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/2002

5. FEI Number

11-3196680

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
CP	HOROWITZ, MEIR	<del>25 CHAPEL STREET, STE. 600</del> 11 PARK PLACE STE 1912	<del>BROOKLYN NY 11201</del> New York, NY 10007

8. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALISTS, INC.  
2331 HANSEN PLACE  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11-11-03

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

Date

Daytime Phone #

10/22/2003

212 981 1902

CR2E040 (7/03)