

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 NOV 21 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11132006 REIN-P CR2E098 (11/05)

4. FEI Number 11-3502310 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # F02000004769

1. Entity Name  
ALLEGIANCE MORTGAGE CORP.



Principal Place of Business  
14 FRONT ST  
SUITE 101  
HEMPSTEAD, NY 11501

Mailing Address  
14 FRONT ST  
SUITE 101  
HEMPSTEAD, NY 11501

2. Principal Place of Business  
14 Front St

3. Mailing Address  
14 Front St

Suite, Apt. #, etc.  
Suite 101

Suite, Apt. #, etc.  
Suite 101

City & State  
Hempstead, NY

City & State  
Hempstead NY

Zip  
11550

Country  
US

Zip  
11550

Country  
US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMPLIANCE CONSULTING CORPORATION OF FLORIDA  
521 LAKE AVE. SUITE 4  
LAKE WORTH, FL 33460

Name  
Compliance Consulting Corp. of Florida  
Street Address (P.O. Box Number is Not Acceptable)  
1013 Lucerne Ave Suite 201  
City Lake Worth FL Zip Code 33460

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Christopher J. Ford* Vice President

11-17-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME OSOJNAK, DANIEL J  
STREET ADDRESS 825 RICHMOND ROAD  
CITY-ST-ZIP EAST MEADOW, NY 11554 ☐ Delete

TITLE VST  
NAME Osajnak, Daniel J  
STREET ADDRESS 825 Richmond Road  
CITY-ST-ZIP East Meadow, NY 11554 ☒ Change ☐ Addition

TITLE VST  
NAME MUNIER, ALLEN G  
STREET ADDRESS 531 WEST BAY DR.  
CITY-ST-ZIP LONG BEACH, NY 11561 ☐ Delete

TITLE P  
NAME Munier, Allen G  
STREET ADDRESS 531 West Bay Dr.  
CITY-ST-ZIP Long Beach, NY 11561 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Daniel Osajnak* VP, DIRECTOR

Date

11/15/06 516 248

Daytime Phone #

2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT