

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 22 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Hym mortgage F93000001831

1. Corporation Name

KING MORTGAGE CORPORATION

2. Principal Office Address

9801 NW 27 AVE

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33434

Country

USA

3. Mailing Office Address

65 WILLOWBROOK BLVD

Suite, Apt. #, etc.

City & State

WAYNE NJ

Zip

07470

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/92

5. FEI Number

22-3180064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

500024219025

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

1800 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

☒

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

12/22/03

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
<u>PRES</u>	<u>CARL NIELSEN</u>	<u>4801 NW 27 AVE</u>	<u>BOCA RATON FL 33434</u>
<u>VP</u>	<u>KEN FITMAN</u>	<u>109 EDWARDS RD</u>	<u>CLIFTON NJ 07013</u>

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: ☒

SIGNATURE AND TYPED (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/03

Daytime Phone #

CR2E081 (10/02)