

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 97 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS  
 A/12

①

**FILED**

97 DEC 26 AM 8:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002986**

1. Corporation Name  
**GUARANTEED FINANCIAL MORTGAGE SERVICES, INC.**

Principal Place of Business 19 WEST JACKSON ST., STE. 210 CHICAGO IL 60604	Mailing Address 19 WEST JACKSON ST., STE. 210 CHICAGO IL 60604
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/13/1996	
City & State		City & State		5. FEI Number 36-3826221	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	CIARDELLI, VICTOR F III	19 WEST JACKSON ST., STE. 210	CHICAGO IL 60604
			600002392736--5 -01/07/98--01063--020 ****165.00 ****165.00
			SL
			12-30-97

8. Name and Address of Current Registered Agent

PIAZZA, JOHN J JR.  
 311 PARK PLACE BLVD., STE. 170  
 CLEARWATER FL 34619

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State <b>FL</b> 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.

Signature of Registered Agent: John Piazza Date: 12/19/97  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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] 12/19/97 (312) 461-0909  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

**G U A R A N T E E D**

**◆ FINANCIAL MORTGAGE ◆**

(2)

To whom it may concern,

I did not receive the Annual Report  
the 1st time it was sent and I was ~~not~~  
aware of the Annual Report. I AM VERY SORRY  
that it was not sent sooner.

Thank you,

Victor F. Ciarchi