

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

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**

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

06/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3826221

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
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.

Signature of Registered Agent **John Piazza**

REGISTERED AGENT MUST SIGN

Date **12/19/97**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/97

(312) 461-0909

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