

# APPLICATION FOR REINSTATEMENT



**Katherine Harris**  
Secretary of State

## DIVISION OF CORPORATIONS

### 1. Corporation Name

NUMAX MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

20010 CENTURY BOULEVARD, 4TH FLOOR  
GERMANTOWN, MD 20874  
US

20010 CENTURY BOULEVARD. 4TH FLOOR  
GERMANTOWN MD 20874  
US

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

2. New Principal Office Address, If Applicable

267 KENTLAN  
Suite, Apt. #, etc.  
STE 3038

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State  
GAITHERSBURG MD

City &amp; State

Zip 20878

Country  
USA

**Zip**

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/25/1996

5. FEI Number

**NOT APPLICABLE**

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)

| 1        | 2                                 | 3  | 4                   |
|----------|-----------------------------------|--|---------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip  |
| PD       | KASPI, SOLOMON                    | 19904 GATESHEAD CIRCLE                         | GERMANTOWN MD 20876 |
| STVC     | NUYEN, CHRISTINE C                | 10105 WATTS MINE LANE                          | POTOMAC MD 20854    |
| VD       | SAENZ, CARLOS                     | 14921 BERRYVILLE RD                            | BARNESTOWN MD 20874 |

# REINSTATEMENT

ET 01 T8  
100004672681--5  
-11/08/01--01039--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

MIRAGE, ELAINE  
2211 HAMPHIRE CT  
SAFETY HARBOR FL 34695

**9. Name and Address of New Registered Agent**

Name CT CORPORATION  
Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND RD  
Suite, Apt. #, Etc.

City **PLANTATION**

|                    |                          |
|--------------------|--------------------------|
| State<br><b>FL</b> | Zip Code<br><b>33321</b> |
|--------------------|--------------------------|

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

REGISTERED AGENT MUST SIGN

Date 10/17/0

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 119.073(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #