

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000006230

1. Corporation Name

FLORIDA MORTGAGE EXPRESS CORP.

Principal Place of Business

1111 MARLKRESS RD #100  
CHERRY HILL NJ 08003

Mailing Address

1111 MARLKRESS RD #100  
CHERRY HILL NJ 08003

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/1996

5. FEI Number

23-2756949

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DC	MONDEL, JACK G	482 HIDDEN LN	CHERRY HILL NJ 08003
P	Crichton, Kevin A.	5 Sassafras Way	Medford, NJ 08055

8. Name and Address of Current Registered Agent

STANAVICH, LARRY  
13658 ORANGE BLVD  
ROYAL PALM BCH FL 33412

9. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

Tallahassee

City

Tallahassee

State

FL

Zip Code

32301

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*John H. Pelletier*  
SIGNATURE REQUIRED  
JOHN H. PELLETIER  
VICE PRESIDENT  
REGISTERED AGENT MUST SIGN

Date

10/29/02

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 119.07(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:

*Jack G. Mondel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

856-489-1122