

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 25 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005555**

1. Corporation Name

GOLDEN FIRST MORTGAGE CORP.

Principal Place of Business

Mailing Address

1 HUNTINGTON QUAD.. 3RD FL CENTER WING
MELVILLE NY 11747

1 HUNTINGTON QUAD.. 3RD FL CENTER WING
MELVILLE NY 11747

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

10/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-2540158

Applied For

City & State

City & State

Not Applicable

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	4 City / State / Zip
CD	MOVTADY, DAVID	23 HARBOR ROAD	KINGS POINT NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-1-03**

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:

[Signature]
David Movtady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-03 631-2492100

Date

Daytime Phone #

CR2E040 (7/03)

please do not remove



GOLDEN FIRST
MORTGAGE CORPORATION

2/2

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

TO WHOM IT MAY CONCERN,

PLEASE BE ADVISED THAT WE DID NOT RECEIVE THE NOTICE OF ANNUAL REPORT, WE HAVE NEVER HAD A PROBLEM IN THE PAST RECEIVING AND FILING THE ANNUAL REPORTS IN A TIMELY FASHION, UNFORTUNELTY THIS WAS NOT THE CASE. I AM HUMBLLY REQUESTING THAT THE REINSTATEMENT FEE BE WAIVED DUE TO THE ABOVE-MENTIONED REASONS.

IF YOU HAVE ANY QUESTION PLEASE FEEL FREE TO CONTACT ME AT 631-249-2100 EXT. 2314, THANKING YOU ADVANCE FOR ALL YOUR HELP WITH THIS MATTER.

DESIREE MADISON

QUALITY CONTROL