

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000002570**

1. Corporation Name

CMC MORTGAGE BANKERS CORP.

Principal Place of Business

2055 GLADES ROAD
SUITE 324A
BOCA RATON FL 33431

Mailing Address

CONCORD MORTGAGE CORP.
180 EAB PLAZA
UNIONDALE NY 11556

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

2. New Principal Office Address, If Applicable

2255 Glades Road
Suite, Apt. #, etc.
Suite 324A

City & State
Boca Raton FL

Zip **33431**

Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/26/1998

5. FEI Number

11-3404915

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
CP	CHIERT, RICHARD	315 MAPLE STREET	WEST HEMPSTEAD NY 11552
CST	CHIERT, DONALD	15 WIMBLEDON DR.	ROSLYN NY 11576
D	CHIERT, MITCHELL	351 BALTUSTROL CIRCLE	ROSLYN NY 11576

8. Name and Address of Current Registered Agent

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

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. or 617.0505, F.S.

Signature of Registered Agent

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

Mitchell Chiert/VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

FILED

02 OCT 24 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



700008808757

11/05/02--01062--015 **150.00

700008808757

11/05/02--01062--016 **17.50

REINSTATEMENT

NO

CF2E040 (8/02)