

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000631

1. Corporation Name

TCD MORTGAGE CORPORATION

Principal Place of Business

2000 SPRING ROAD, STE 520
OAK BROOK IL 60523

Mailing Address

2000 SPRING ROAD, STE 520
OAK BROOK IL 60523



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

11220 South Harlem Ave

Suite, Apt. #, etc.

City & State

Worth IL

Zip 60482

Country USA

3. New Mailing Office Address, If Applicable

11220 South Harlem Ave

Suite, Apt. #, etc.

City & State

Worth IL 60482

Zip 60482

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1999

5. FEI Number

36-4020602

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCSD	D'APRILE, THOMAS C	2000 SPRING ROAD, STE 520 11220 South Harlem Ave	OAK BROOK IL Worth IL 60482

7000009245667
11/27/02--01095--020 **750.00

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

Anne E. Diamond, Asst. Secy
~~Signature of Registered Agent~~
REGISTERED AGENT MUST SIGN

Date

11-19-02

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:

~~Signature of Registered Agent~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/02

Daytime Phone #

CR2E040 (8/02)