

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 30 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K74271**

1. Corporation Name

THE REAL ESTATE & MORTGAGE GROUP, INC.

Principal Place of Business

Mailing Address

3550 BISCAYNE BLVD
STE 607
MIAMI FL 33137
US

3550 BISCAYNE BLVD
STE 607
MIAMI FL 33137
US



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/21/1989	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0209440	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PDT	LAW, IAN R.	3550 BISCAYNE BLVD STE 607 601	MIAMI FL
VDS	LAW, GRACIELA B.	3550 BISCAYNE BLVD STE 607 601	MIAMI FL
			200002046392--1 -01/06/97--01011--025 ****375.00 ****375.00
			REINSTATEMENT 1996 a. Alan 12/30/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRICE, IRA B
9130 S DADELAND BLVD
SRE 1705
MIAMI FL 33156

Name IAN LAW
Street Address (P.O. Box Number is Not Acceptable) 3550 BISCAYNE BLVD
Suite, Apt. #, Etc. SUITE 601
City MIAMI
State FL Zip Code 33137

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

Jan R. Law
REGISTERED AGENT MUST SIGN

Date Dec 27th 96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Jan R. Law
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dec 27th 96 305-576-9992
Daytime Phone #