

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # K77171

1. Corporation Name

SOUTH BEACH MORTGAGE ACQUISITION CORP.

Principal Place of Business

2501 HOLLYWOOD BLVD.  
SUITE 220  
HOLLYWOOD, FL 33020

Mailing Address

40 DAVID SCHARLIN  
2501 HOLLYWOOD BLVD.  
SUITE 220  
HOLLYWOOD, FL 33020

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

2. New Principal Office Address, if Applicable

2501 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

SUITE 220

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

3. New Mailing Office Address, if Applicable

C/O DAVID SCHARLIN, 2501 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

SUITE 220

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

4/3/89

5. FEI Number

65-0178285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

FILED

97 NOV -5 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SCHARLIN, DAVID	2501 HOLLYWOOD BLVD. SUITE 220	HOLLYWOOD, FL 33020
TD	FISHER, RANDALL C.	7540 S.W. 114 ST.	MIAMI, FL 33156
VD	ROBINS, CRAIG	230 5TH ST.	MIAMI BEACH, FL 33139
SD	ROBINS, SCOTT	230 5TH ST.	MIAMI BEACH, FL 33139

700002311867-3  
-11/07/97-01094-009  
\*\*\*\*915.00\*\*\*\*915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name SCHARLIN, DAVID  
Street Address (P.O. Box Number is Not Acceptable)  
2501 HOLLYWOOD BLVD.  
Suite, Apt. #, Etc.  
SUITE 220  
City HOLLYWOOD  
State FL  
Zip Code 33020

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/28/97

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:

*[Signature]*

DAVID SCHARLIN, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97

Date

(954) 920-1802

Daytime Phone #

CR2040 (12/96)