

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 30 AM 9:12

DOCUMENT # L04000013724

1. Corporation Name

**Mortgage X, LLC**

2. Principal Office Address - No P.O. Box #

**100 SE Second Street**

3. Mailing Office Address

**100 SE Second Street**

Suite, Apt. #, etc.

**Suite 4000**

Suite, Apt. #, etc.

**Suite 4000**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/19/2004**

5. FEI Number

**20-0791357**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Alan M. Grunspan**

Street Address (P.O. Box Number is Not Acceptable)

**100 SE Second Street**

Suite, Apt. #, Etc.

**Suite 4000**

City

**Miami**

State

**FL**

Zip Code

**33131**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**1-25-07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
M	Alan M. Grunspan	120 Nighthawk Avenue	Plantation, FL 33324
M	Helaine Grunspan	120 Nighthawk Avenue	Plantation, FL 33324

600087211976  
02/05/07--01004--029 6\*450.00

REINSTATEMENT 05-07

10. 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 contained in Chapter 119, 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]* Alan Grunspan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-25-07**

Daytime Phone #

ATLANTA  
MIAMI  
ORLANDO  
ST. PETERSBURG  
TALLAHASSEE  
TAMPA  
WEST PALM BEACH

# CARLTON FIELDS

ATTORNEYS AT LAW

4000 International Place  
100 S.E. Second Street  
Miami, Florida 33131-2114  
P.O. Box 019101  
Miami, Florida 33131-9101

305.530.0050  
305.530.0055 fax  
www.carltonfields.com

Alan M. Grunspan  
305.539.7209 direct  
agrunspan@carltonfields.com

January 25, 2007

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

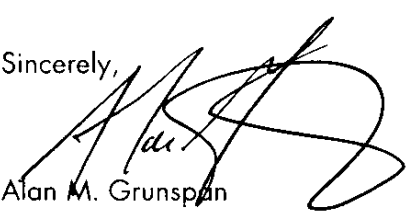
Re: Mortgage X, LLC

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement Form along with my check in the sum of \$450.00. I ask that the reinstatement fee be waived as the Annual Report Renewal Form was mailed to the previous address and I never received a copy. We closed up our offices at that address at the end of 2004, with another tenant remaining there. All the mail was to be forwarded, although some was not. So, I did not get the renewal notice.

Thank you for your consideration.

Sincerely,

  
Alan M. Grunspan

AMG:ia

Enclosures