

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *99-00*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 26 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41181**

1. Corporation Name

THE MORTGAGE HOUSE, INC.

Principal Place of Business

1840 WEST 49TH STREET
~~SUITE 700~~
HIALEAH FL 33012
US

Mailing Address

1840 WEST 49TH STREET
~~SUITE 700~~
HIALEAH FL 33012
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
SUITE # 410

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SUITE # 410

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1990

SP

5. FEI Number

59-2984564

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
DP	WEISS, BRADLEY S	1840 WEST 49TH STREET, SUITE 700	HIALEAH FL 33012
CVP	CRAIG, EDWARD B	1840 WEST 49TH STREET, SUITE 700	HIALEAH FL 33012
T	RODRIGUEZ, GUILLERMO	1840 WEST 49TH STREET, SUITE 700	HIALEAH FL 33012
VP	VAN VLIET, MATT	1840 WEST 49TH STREET, SUITE 700	HIALEAH FL 33012
V	SUSMAN, GAVIN	1840 WEST 49 STREET, SUITE 410	HIALEAH, FL 33012
D	WEISS, BRADLEY S.	1840 WEST 49 STREET, SUITE 410	HIALEAH, FL 33012

8. Name and Address of Current Registered Agent

~~RODRIGUEZ, GUILLERMO~~
~~1840 WEST 49TH STREET~~
~~SUITE 700~~
~~HIALEAH FL 33012~~

9. Name and Address of New Registered Agent

Name

PAUL M. FREEMAN

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

1840 WEST 49 STREET

Suite, Apt. #, Etc.

SUITE 410

City

HIALEAH

State

FL

Zip Code

33012

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

Paul M. Freeman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **4-25-00**

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:

Bradley S. Weiss
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300003248969--3

-05/11/00--01099--009

****300.00 ****300.00

4-25-00

Date

305 828 3888

Daytime Phone #

CR2E040 (8/99)