

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 23 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L 68350**

1. Corporation Name

A-1 Money Mortgage Inc.

2. Principal Office Address  
2750 SW 87 AVE.

3. Mailing Office Address  
2750 SW 87 AVE.

Suite, Apt. #, etc.  
#204

Suite, Apt. #, etc.  
#204

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33165

Country

Zip  
33165

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 04-25-1990

5. FEI Number  
65-0193002

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  
ADRICKSON VASQUEZ

Street Address (P.O. Box Number is Not Acceptable)  
2750 SW 87 AVE.

Suite, Apt. #, Etc.  
#204

City  
MIAMI

State  
FL

Zip Code  
33165

800030384968

03/12/04--01051--012 \*\*1990.00

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

*Adrickson Vasquez*  
REGISTERED AGENT MUST SIGN

Date

2/20/04

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
P/D	ADRICKSON VASQUEZ	2750 SW 87 AVE.	MIAMI, FL 33165

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 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:**

*Adrickson Vasquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/04 3054392274

CR2E081 (01/04)

B

2082

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL  
FIND THE ANNUAL REPORT FORM ALONG WITH A  
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF  
STATE TO PROPERLY UP-DATE THE ABOVE  
MENTIONED CORPORATION.

PLEASE BE ADVICE THAT WE DID NOT RECEIVE THE  
UNIFORM BUSINESS REPORT FOR 2003, 2004. AND  
PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT  
THIS CORPORATION IN ITS CURRENT STATUS AND  
WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN  
THIS MATTER IN THIS MATTER AND IF YOU SHOULD  
HAVE ANY FURTHER QUESTION REGARDING THIS  
LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

  
\_\_\_\_\_  
ADRICKSON VASQUEZ  
PRESIDENT/DIRECTOR