FLEASE READ ALL INSTRUCTIONS DEFORE COMPLETING TRIS FORM.	
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 01 FEB-5 AM 9:48
DOCUMENT # L 9 2 81 2	SECRETARY OF STATE TALLAHASSEE FLORIDA
ATLANTIC VANGUARD MORTGAGE CURP	,
2. Principal Office Address  2. Mailing Office Address  2. Mailing Office Address  2. Mailing Office Address  2. Mailing Office Address  3. Mailing Office Address  3. Mailing Office Address  4. Suite, Apt. #, etc.	REINSTATEMENT 00-2001
251 mai #3 04" # 304"  City & State FL	4. Date Incorporated or Qualified To Do Business in Florida 08/02/1990
City & State City & State FL  ALTAMONTE SPRINGS FL ALTAMONTE SPRING	5. FEI Number Applied For Not Applicable
Zip Country Zip Zip Country SEMINUCE 32701 SEMINUCE	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name John HARINEH	
Street Address (P.O. Box Number is Not Acceptable)	300003677283*-5
251 MATLANO AVE	
# 304 City	State Zip Code
ALTAMONTE SPRONGS	FL   32401
8. I, being appointed the registered agent of the above named corporation and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date L-30-01  REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Directors	City / State / Zip
P HARTNETT John 180 E FAITH TER	2 MAITLAND FL. 32751
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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 filling 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 INDITYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone #	