2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 APR 22 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05
04202005 CREIN-P CR2E098 (8/04)

DOCUMENT # L92812

1. Entity Name
ATLANTIC VANGUARD MORTGAGE CORP.

Principal Place of Business	Mailing Address
170 E FAITH TERR MAITLAND, FL 32751	170 E FAITH TERR MAITLAND, FL 32751

2. Principal Place of Business	3. Mailing Address
180 E FAITH TER	180 E FAITH TER
Suite, Apt. #, etc.: MA	Suite, Apt. #, etc.
City & State: MAITLAND FL	City & State: MAITLAND FL
Zip: 32751 Country: Seminole	Zip: 32751 Country: Seminole

4. FEI Number: 59-3023235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTNETT, JOHN 170 E FAITH TERR MAITLAND, FL 32751	Name: Street Address (P.O. Box Numbers Not Acceptable) City: FL Zip Code:

05724705--01017--015 **300.00

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 4-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARTNETT, JOHN 170 E FAITH TERR MAITLAND, FL 32751 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #