

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12736

1. Corporation Name

TRANS-UNIVERSAL MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

780 NW 42 AVE
618
MIAMI FL 33126
US

780 NW 42 AVE
618
MIAMI FL 33126
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3445 N.W. 7th St.

Suite, Apt. #, etc.
3445 N.W. 7th St

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33125

Country
USA

Zip
33125

Country
USA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1985

5. FEI Number

59-2630324

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ST	BUSQUETS, SALVADOR R.	780 NW 42 AVE 618 3445 N.W. 7th St.	MIAMI, FL 33125

200002439372--8

-02/24/98--01070--007
****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUSQUETS, SALVADOR
780 NW LEJEUNE RD
618
MIAMI FL 33126

Name
Busquets, Salvador
Street Address (P.O. Box Number is Not Acceptable)
3445 N.W. 7th Street
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33125

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

S. Busquets

Date 2/9/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/98 305-631-0013

CR2E040 (9/97)