

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 20 PH 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N28397

1. Corporation Name

Mortgage Bankers Association of Greater Miami, Inc.

2. Principal Office Address

10261 SW 72 Street

3. Mailing Office Address

10261 SW 72 Street

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1988

5. FEI Number

237295132

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

Ruben J. Padron

Street Address (P.O. Box Number is Not Acceptable)
14160 Palmetto Frontage Road

Suite, Apt. #, Etc.
Suite 12

City

Miami Lakes

State
FL

Zip Code
33016

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

Date May 6/05

REGISTERED AGENT MUST SIGN

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	Jaqueline Perez	8964 W. Flagler Street #203	Miami, FL 33174
VP	Ross Jimenez	11440 N Kendall Dr Ste 300-301	Miami, FL 33176
D/PP	Ruben J. Padron	14160 Palmetto Frontage Road #12	Miami Lakes, FL 33016
T	Alex Castellanos	10261 SW 72 Street, Suite 103	Miami, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 6/05 305 558 8628

Daytime Phone #

CR2E081 (01/05)