

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -7 PM 3:00

DOCUMENT # P00000007037

1. Corporation Name

STAMPAR GROUP MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

22570 BLUE MARLIN DRIVE
BOCA RATON FL 33428

22570 BLUE MARLIN DRIVE
BOCA RATON FL 33428



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

2. New Principal Office Address, If Applicable

2700 W. Cypress Creek Rd

Suite, Apt. #, etc.
Suite D-130

City & State
Ft. Lauderdale, FL

Zip
33309

Country

3. New Mailing Office Address, If Applicable

2700 W. Cypress Creek Rd

Suite, Apt. #, etc.
Suite D-130

City & State
Ft. Lauderdale, FL

Zip
33309

Country

Date Incorporated or Qualified
To Do Business in Florida

01/13/2000

5. FEI Number

65-097-2075

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	VIVIANE STAMPAR BOGGIANO	22570 Blue Marlin Dr	BOCA RATON, FL 33428 700004698527--4 -11/29/01--01056--011 *****150.00 *****150.00
			700004698527--4 -11/29/01--01056--012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

BOGGIANO, VIVIANE
22570 BLUE MARLIN DRIVE
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

BOGGIANO, STAMPAR VIVIANE

Street Address (P.O. Box Number is Not Acceptable)

2700 W. CYPRESS CREEK Rd Suite D-130

Suite, Apt. #, Etc.

D-130

City

Ft. LAUDERDALE

State

FL

Zip Code

33309

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

Viviane Boggiano
REGISTERED AGENT MUST SIGN

Date

10/20/07

11. 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:

Viviane Boggiano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/07

Daytime Phone #

CR2E040 (8/01)



November 2, 2001

To Whom It May Concern:

This note is to let you know that I did not receive any information to file my annual report. Please be aware that my address at the office is

STAMPAR GROUP MORTGAGE
SUITE D 130
2700 WEST CYPRESS CREEK RD
FT. LAUDERDALE, FL 33309

If you have any questions don't hesitate to call.

Thank you,

VIVIANE STAMPAR

2700 W. Cypress Creek Rd. Suite D -130 Ft. Lauderdale, Florida 33309
(954)-971-7570 Fax (954)-971-8221