

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 12 AM 10:39

DOCUMENT # 00000021958

1. Corporation Name

Advantage Florida Mortgage

2. Principal Office Address

19111 Collins Ave

Suite, Apt. #, etc.

1005

City & State

Sunny Isles FL

Zip

33160

Country

USA

3. Mailing Office Address

Box 15247

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33314

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

3/1/2000

5. FEI Number

608471-005

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

Douglas Hernberg

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

19111 Collins Ave

Suite, Apt. #, Etc.

1005

City

Sunny Isles

State  
FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date

1/1/03

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
Director	Rafael Hernberg	19111 Collins Ave	Miami, FL 33160

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:

*Douglas Hernberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/1/03

Daytime Phone #

CR2E081 (10/02)

2/7/03

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To: Reinstatement unit  
Florida Division of Corporations  
Andy Denlap

From: Advantage Florida m/f

Dear Sir,

We did not receive last years  
Report.

Please Reinstate the Funds  
have already cleared your  
account.

Sincerely,  
Ryan Homburg