

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 27 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000025796

1. Corporation Name

NATIONS Federated Mortgage Corp.

2. Principal Office Address

612 E. Atlantic Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33483

Country

FLA Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0990870

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

Paul Rubinstein

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

612 E. Atlantic Ave

Suite, Apt. #, Etc.

City

Delray Beach

State
FL

Zip Code

33483

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

11/22/02

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
President	Paul Rubinstein	(Same as above)	

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

Daytime Phone #

11/22/02 5612728477

CR2E081 (9/01)

NATIONS FEDERATED MORTGAGE CORP.

612 E. Atlantic Ave.

Delray Beach, Fl. 33483

Office 561-272-8477 Fax 561-272-0131

November 22, 2002

To whom it may concern,

Earlier this year I sent in my renewal and took it for granted that everything was o.k. Out of curiosity I happened to check your website and discovered that my corporation was dissolved last month. I called and spoke to your rep and they informed that this was correct and never received anything. Meanwhile, they have the registered agent address correct but not the business address. Which tells me some body made an error in your office. Because when I formed the corp. I was at the Boca Raton address not Delray beach. I moved my office in Jan. 2000. Enclosed is a check for \$150.00. I would greatly appreciate if you will waive all late fees.

Sincerely,

Paul Rubinstein

President