

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 19 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 80000045129

1. Corporation Name

PHT Mortgage, Inc.

2. Principal Office Address

6701 NW 9th Street

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

USA

3. Mailing Office Address

6701 NW 9th Street

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-1007520

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

William Tavares

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

6701 NW 9th Street

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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

William Tavares

Date

1/5/04

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
<u>Pres. Officer</u>	<u>William Tavares</u>	<u>6701 NW 9th Street</u>	<u>Plantation FL 33317</u>

800044502948
01/11/05--01019--010 **300.00

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:

William Tavares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/04

Daytime Phone #

(954) 587-1105

CR2E081 (01/04)