

DOCUMENT # P00000045129

1. Corporation Name

PHT Mortgage

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 27 PM 1:07

\$450.00

6/11/03 01060 002

2. Principal Office Address

4136 Inverrary DR

3. Mailing Office Address

6701 NW 9 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Lauderhill FL

City &amp; State

Plantation FL

Zip

33319

Country

Broward

Zip

33317

Country

33317

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

05-1007520

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

William Tavares

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

4136 Inverrary DR

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

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 6/27/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| Pres.  | William Tavares                      | 4136 Inverrary DR                                 | Lauderhill FL 33319 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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

6/27/03

Date

(951) 587-1105

Daytime Phone #

CORP-001 (10/02)

To Whom It May Concern:

I was recently shocked to learn that my corporation, PHT Mortgage, was inactive with the state.

I never received the proper paper work in order to pay the state and keep my license current. Had I received this form, I would have done the necessary steps to avoid this problem.

Sincerely,



William Tavares