

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 29 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000047494**

1. Corporation Name

**CHOICE MORTGAGE FUNDING, INC.**

Principal Place of Business

717 PONCE DE LEON BLVD.  
SUITE 202  
CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD.  
SUITE 202  
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

05/12/2000

5. FEI Number

65-1008920

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVSD	TORRE, LISSETTE	717 PONCE DE LEON BLVD.	CORAL GABLES FL 33134

000008641400

10/29/02--01018--011 \*\*750.00

*Bluh*

8. Name and Address of Current Registered Agent

PAGE, BRUCE  
717 PONCE DE LEON BLVD.  
SUITE 202  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Jorge Martinez

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

717 Ponce De Leon Blvd

Suite, Apt. #, Etc.

Suite 202

City

Coral Gables

State

FL

Zip Code

33134

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02

CR2E040 (8/02)