

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 MAY 29 PM 2:51

DOCUMENT # P00000048761

1. Corporation Name

All Trust Mortgage, Inc.

2. Principal Office Address

1140 7th Court

Suite, Apt. #, etc.

Ste. C

City & State

Vero Beach, FL

Zip

32960

Country

USA

3. Mailing Office Address

1140 7th Court

Suite, Apt. #, etc.

Ste. C

City & State

Vero Beach FL

Zip

32960

Country

USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5/12/2000

5. FEI Number

59-3658186

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

KORY Ivey

300020693073

06/09/03--01087--018 **105.00

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

1140 7th Court Ste. C

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-31-03

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
<u>P/T/S</u> <u>W/D/C</u>	<u>Jennifer Ivey</u>	<u>1140 7th Court Ste. C</u>	<u>Vero Beach, FL 32960</u>

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

Jennifer Ivey President

Date

3/31/03

Daytime Phone #

CR2E081 (10/02)