

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 25 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051213

1. Corporation Name

Foreclosure Services INC.

**REINSTATEMENT** 03-24

2. Principal Office Address

12865 West Dixie Hwy

Suite, Apt. #, etc.

Second Floor

City & State

N. Miami FL

Zip

33161

Country

USA

3. Mailing Office Address

P.O. Box 80-00225

Suite, Apt. #, etc.

City & State

Aventura, FL

Zip

33280

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/24/00

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

12/19/03 01032021 15000

**7. Name and Address of Current Registered Agent**

Name

Richard Macier

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

12865 West Dixie Hwy

Suite, Apt. #, Etc.

Second Floor

City

N. Miami

State

FL

Zip Code

33161

100031198891

03/25/04--01046--013 \*\*750.00

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]*

Date 3/23/04

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
PSD	Richard Macier	12865 West Dixie Hwy	N. Miami FL 33161

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

Date

(305) 798-1209

Daytime Phone #

CR2E081 (01/04)