

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC 17 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000073752**

**1. Corporation Name**

Greater Orlando Mortgage Inc.

**2. Principal Office Address**

126 S. Semoran BLVD

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

593659518

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

JOSEPH BRACERO

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

672 N SEMORAN BLVD

Suite, Apt. #, Etc.

204

City

Orlando

State

FL

Zip Code

32807

600025565576  
12/17/03--01070--020 \*\*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

REGISTERED AGENT MUST SIGN

Date

**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
D	JOSEPH BRACERO	672 N SEMORAN BLVD.	Orlando, FL 32807

**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

Date

Daytime Phone #

12/16/03 407-306-0602

CR2E081 (10/02)