

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111565

1. Corporation Name

Action Home mortgage, Inc.

THB

2001-2002 UBR

2. Principal Office Address

626 NE 124 st

Suite, Apt. #, etc.

3. Mailing Office Address

771 S.W 190 Ave

Suite, Apt. #, etc.

City & State

N. Miami Florida

City & State

Pembroke Pines FL

Zip

33161

Country

USA

Zip

33029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 30, 2000

5. FEI Number

65-1061076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~Eclestaste~~ Darius, Elsie

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

771 S.W 190 Ave

Suite, Apt. #, Etc.

300005064963--8

-03/07/02--01068--008

***300.00 ***300.00

City

Pembroke Pines FL 33029

State

FL

Zip Code

33029

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

2/13/02

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
P.T	Elsie Darius	771 S.W 190 Ave	Pembroke Pines FL 33029

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] / Elsie Darius

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (305) 891-2656

Date

Daytime Phone #

CR2E081 (9/01)