

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000001989**

1. Corporation Name

REALTRON MORTGAGE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 403322
MIAMI BEACH FL 33140

P.O. BOX 403322
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2001

5. FEI Number

65-1065130

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
PD	S. SILVA	2230 SW 10 ST	MIAMI FL 33135

9000024377639
11/03/03--01048--008 **150.00

8. Name and Address of Current Registered Agent

SILVA, SAMUEL
2230 SW 10TH ST
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/31/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03

Daytime Phone #

CR2E040 (7/03)

October 31, 2003

To: Whom may concern:

I Samuel Silva president of REALTRON MORTGAGE, INC.
never received the first and second notice of the corporation file. If
you have any further question you can contact me 786.326.2777.

Sincerely,


Samuel Silva