

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000006958**

1. Corporation Name

YOUR BEST INTEREST MORTGAGE CORPORATION

Principal Place of Business

2400 WEST CYPRESS CREEK ROAD
SUITE 100
FORT LAUDERDALE FL 33309

Mailing Address

2400 WEST CYPRESS CREEK ROAD
SUITE 100
FORT LAUDERDALE FL 33309

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

65-1072891

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BALLARD, MARY C	3525 NE 17TH AVE 3217 NE 42 Court	OAKLAND PARK FL 33334 Ft. Laud. FL 33308

200008639672
10/23/02--01008--004 **750.00

8. Name and Address of Current Registered Agent

TONN, PAUL

~~3525 N E 17TH AVENUE~~
~~OAKLAND PARK FL 33334~~

3217 NE 42 Ct.
Ft. Laud. FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Ft. Lauderdale

FL

33308

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

Paul Tonn
REGISTERED AGENT MUST SIGN

Date

11/23/02 954.229-7350

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:

Paul Tonn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/02 954.229.7250

CR2040 (8/02)