

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR
REINSTATEMENT



Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014523

1. Corporation Name

SOUTHEAST MORTGAGE PROCESSING CORP.

Principal Place of Business

Mailing Address

~~9095 WEST SUNRISE BOULEVARD~~
~~PLANTATION FL 33322~~

~~9095 WEST SUNRISE BOULEVARD~~
~~PLANTATION FL 33322~~



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1077365

Not Applicable

Zip

Country

Zip

Country

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
PD	MULVANEY, LORI A	9095 WEST SUNRISE BOULEVARD	PLANTATION FL 33322
STD	ALEAGA, SERGIO	9095 WEST SUNRISE BOULEVARD 9945 SW 64 ST.	PLANTATION FL 33322 MIAMI, FL. 33173

800008791998
11/04/02--01107--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

YANET E. ALEAGA
10271 SW 72 STREET
101
MIAMI

FL

33173

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02

SOUTHEAST MORTGAGE PROCESSING CORP.

October 31, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: 65-1077365 Southeast Mortgage Processing, Corp.

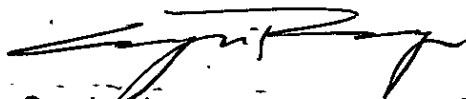
Dear Sir/Madam:

Pursuant to our telephone conversation on Wednesday October 30th, please waive any and all Reinstatement Fees since we did not receive the two prior uniform business report notices.

Enclosed please find a completed Application for Reinstatement with a check for the filing fee of \$150.00 for our 2002 Corporation.

If you have any questions you may reach me at 305-270-3383.

Thank you very much.



Sergio Aleaga
Director

10271 SW 72nd Street, Suite 101, Miami, Florida. 33173-3104

Telephone: 305.270.3383 Fax: 305.270.0797

Email: southeastmortgage@loanprocessing.org