

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

04 FEB -9 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

DOCUMENT # P01000019636

1. Corporation Name

AFFORDABLE HOME MORTGAGE OF SOUTH FLORIDA, INC.

Principal Place of Business

450 N.E. 20TH STREET., #113
BOCA RATON FL 33432

Mailing Address

450 N.E. 20TH STREET., #113
BOCA RATON FL 33432



200027630662
02/09/04--01055--015 **150.00

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

02/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1081633

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KELLY, DOUGLAS	450 N.E. 20TH STREET., #113	BOCA RATON FL 33432

200027630662
01/26/04--01093--028 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLY, DOUGLAS
1700 N DIXIE HWY, #151
BOCA RATON FL 33432

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

10/24/03

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

Douglas Kelly

Date

10/24/03

Daytime Phone #

361
756-7630

CR20040 (7/03)