

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000024510

1. Corporation Name

PALM TRUST MORTGAGE CORPORATION

Principal Place of Business

RAYMOND OFFICE PLAZA
2161 PALM BEACH LAKES BLVD. #311
WEST PALM BEACH FL 33409

Mailing Address

RAYMOND OFFICE PLAZA
2161 PALM BEACH LAKES BLVD. #311
WEST PALM BEACH FL 33409



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

03/05/2001

5. FEI Number

65-1084476

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 |
|---------------|---|--|--------------------------|
| FELI | CIANO, HECTOR E | RAYMOND OFFICE PLAZA, 2161 PALM | WEST PALM BEACH FL 33409 |
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10/25/02 01045-009 **150.00

PR 10/29

8. Name and Address of Current Registered Agent

FELICIANO, HECTOR E
RAYMOND OFFICE PLAZA
2161 PALM BEACH LAKES BLVD. #311
WEST PALM BEACH FL 33409

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

Hector E. Feliciano
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

Hector E. Feliciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02 (561)
491-0193

Daytime Phone #

PALMTRUST MORTGAGE CORP.

"For All Your Mortgage Needs"

October 21, 2002

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Attn: Reinstatement Dept.

To Whom It May Concern:

I have received a notice from your office revoking my corporation on October 4th, 2002. I have never received any notices this year for renewal of the corporation. I also understand your office has not received any return mail that you have forward to my corporation or me.

The Corporation Business Address has been for over a year at: 7711 North Military Trail, Palm Beach Gardens, FL. 33410. The Mailing Address also has been: 515 S. Sequoia Dr., West Palm Beach, FL. 33409, as shown on the Corporation Occupational License, State Of Department Of Banking and Finance Mortgage Brokerage Business and Broker License. I have recently moved to my new location officially on October 1st, 2002.

Please reinstate my corporation; I feel this has been an honest mistake regarding our mail. Please contact me with any questions you my have @ 561-491-0193. Your immediate attention is greatly appreciated.

Enclosed is a check for \$150.00 for the Reinstatement Fee.

Sincerely,



Hector Feliciano
President