

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 24 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 61 000028079

**1. Corporation Name**

City Bankers Mortgage Corporation

**2. Principal Office Address**

815 N.W. 57 Ave

Suite, Apt. #, etc.

304

City & State

Miami

Zip

33126

Country

Miami-Dade

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

700013033647

02/24/03--01066--008 \*\*500.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

MARCH 15, 200

**5. FEI Number**

65-1085963

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Lilianne V. Ouimet, Esq.

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

815 N.W. 57 Ave # 304

Suite, Apt. #, Etc.

304

City

Miami

State  
FL

Zip Code

33126

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

Date

2/18/03

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES - WALTER VOLGT DIR		815 N.W. 57 Ave # 304	Miami FL 33126

**10.** 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:

*Walter Volgt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/03

Daytime Phone #

305-266

1485

CR2E081 (10/02)

**CITY BANKERS MORTGAGE CORPORATION**

**815 N.W. 57<sup>th</sup> Avenue, Suite 304**

**Miami, FL 33126**

**Tel (305) 266-1485**

**Fax (305) 266-1248**

February 18, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Corporation Reinstatement/  
City Bankers Mortgage Corporation

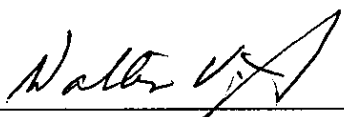
To Whom It May Concern:

Enclosed you will find Corporation Reinstatement form properly completed and signed. Also enclosed is our check in the amount of \$500.00 representing Annual Report fee for the years 2002 and 2003 for City Bankers Mortgage Corporation.

Please be advised that the report for 2002 was not filed due to the fact that we never received the necessary forms probably because of our change of address.

Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

  
\_\_\_\_\_  
Walter Voigt, President

Encls.