

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 OCT 13 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000032002**

**1. Corporation Name**

The Mortgage Academy, Inc.

685 Royal Palm Beach Blvd.

685 Royal Palm Beach Blvd.

**2. Principal Office Address**

685 Royal Palm Beach Blvd.

Suite, Apt. #, etc.

105

City & State

Royal Pam Beach, FL

Zip

33411

Country

USA

**3. Mailing Office Address**

685 Royal Palm Beach Blvd.

Suite, Apt. #, etc.

105

City & State

Royal Pam Beach, FL

Zip

33411

Country

USA

**REINSTATEMENT**

03/04

**4. Date Incorporated or Qualified**

To Do Business in Florida 03/21/2001

**5. FEI Number**

65-1107588

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

Anabel Santiago

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

12673 Guilford Circle

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

**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

*Anabel Santiago*  
REGISTERED AGENT MUST SIGN

Date 10/08/04

**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
PD	David Lopez	12673 Guilford Circle	Wellington, FL 33414

400041811664  
10/12/04--01023--003 \*\*908.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/08/04

Daytime Phone #