

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -8 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038846

1. Corporation Name

My Mortgage Broker, Inc.

2. Principal Office Address - No P.O. Box #

4030-C Sheridan St.

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33021

Country

USA

3. Mailing Office Address

P.O. Box 22342

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33022

Country

USA

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/2001

5. FEI Number

651093002

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

Edith Ramirez

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

16628 86 ST. N

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 10/3/17

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
<u>P</u>	<u>Jessica Roberts</u>	<u>2030 Rodman Street</u>	<u>Hollywood FL 33020</u>
<u>V</u>	<u>" "</u>	<u>2030 " "</u>	<u>" FL 33020</u>
<u>D</u>	<u>" "</u>	<u>2030 " "</u>	<u>" FL 33020</u>

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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 contained in Chapter 119, 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

10/3/17

Date

3053330335

Daytime Phone #

2022

MY MORTGAGE BROKER, INC.

PO BOX 220342 * HOLLYWOOD, FL 33022

954 927-5778 * 954 923-7027 Fax

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

Re: Documentation # P01000038846

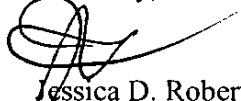
To Whom It May Concern:

I am enclosing \$300 for our corporation for '06 and '07 as I did not receive the documentation for '06. I respectfully request you assist us in setting our corporation back up as soon as possible.

Should you have any questions, I may be reached at 305 333-0335 (my cell).

Thank you in advance for your anticipated cooperation.

Sincerely,



Jessica D. Roberts
President