PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000083062 DOCUMENT #

1. Corporation Name

AZTEC FINANCIAL SERVICES, INC.

FILED

03 OCT 31 PM 12: 29

New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State		Mailing Address 21 OLD KING RD N. STE 204B PALM COAST FL 32137 rough incorrect information and enter correction belegation. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State			4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number S9-3739948 Applied For Not Applicable S8.75 Additional Fee required			
Zip	Country	Zip	Countr	<u>, </u>	CERTIFICATE	OF STATUS DESIRED [tificate of Status
7. Names a	and Street Addresses of Each Officer and	I/or Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors)			
Title(s) 1	Name of Officers and/or Directors			eet Address of Each ficer and/or Director		City / State / Zip		
D	KING, WARREN A	POST OFFICE BOX 353849			PALM COAST FL 32135			
D	FORGASH, HAL	51 ERIC DRIVE			PALM COAST FL 32164			
-					20 10/31/	0024329 030102801	9932 12 **15	0.00
							· · · · · · · · · · · · · · · · · · ·	
1								
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
1201: H TALLAH	DRATION SERVICE COMPANY IAYS:STREET IASSEE FL 32301-2525		Name HAL FORGASH Street Address (P.O. Box Number is Not Acceptable) 2/010 KINGS RD. NORTH Suite, Apt. #, Etc. SUITE 204B City PALM (ONST FL 32/37)				32/37	
10. I, being	appointed the registered agent of the ab	ove named corpo	ration, am familiar w	ith and accept the ob	ligations of Secti	on 607.0505, F.S. or 61	17.0505, F.S.	

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 filling 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN



AZTEC FINANCIAL SERVICES INC.

Licensed Mortgage Broker Business

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

Dear Sir or Madam:

Attached please find our application for reinstatement for our business corporation. I am submitting this application with a letter of explanation as to the lateness in filing our Uniform Business Report for 2003.

Our organization had been entrusted to an accountant who was handling all of our corporate affairs. Regrettably, the accountant became increasingly difficult to communicate with and eventually this reached the point where we were unable to obtain any information at all.

The UBR report for 2003 was supposed to be processed by this individual. We were unaware that it had not been submitted. Please accept our report at this time and we request that the reinstatement fee (\$600) be waived at this time. In the future, all necessary forms and reports will be sent in a timely manner.

I regret the omission and ask that you please accept this submission.

Sincerely,

Hal Forgash / Director

