

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000087648

## 1. Corporation Name

Chief Cornerstone Mortgage Corp. of North FL

## 2. Principal Office Address

540 Perviz Avenue

Suite, Apt. #, etc.

PO Box 540946

City &amp; State

Opa Locka FL

Zip

33054

Country

USA

## 3. Mailing Office Address

540 Perviz Avenue

Suite, Apt. #, etc.

PO Box 540946

City &amp; State

Opa Locka FL

Zip

33054

Country

USA

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

09/06/2001

## 5. FEI Number

59-3743678

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

Izean P. Williams

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

540 Perviz Avenue

Suite, Apt. #, Etc.

City

Opa Locka

State

FL

Zip Code

33054

## 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

REGISTERED AGENT MUST SIGN

Date February 24, 2003

## 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/CE	Izean P. Williams	540 Perviz Ave, PO Box 540946	Opa Locka FL 33054
V/Pres	Fannie J. Tomblin	1376 Shearwater Drive	Jacksonville FL 32218

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:

Izean P. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2003 305 687-1700

Date

Daytime Phone #

CR2E081 (10/02)

**CHIEF CORNERSTONE MORTGAGE CORP. OF NORTH FL**

**A Licensed Mortgage Broker Business...**

*Presenting Decades of Banking & Financial Services Experience*

**540 Perviz Avenue, PO Box 540946**

**Opa-Locka, FL 33054**

**Tel: (305) 687-1700 Fax: (305) 687-1300**

*Izean Williams,  
President/CEO  
Jean Tomblin,  
Vice-President*

February 24, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314-6327

Attn: Mr. Tyrone Scott, Reinstatement

Dear Sirs:

We enclose our Check No. 553, in the amount of \$300.00, representing your applicable fees for the years 2002 and 2003, together with duly completed 'corporate reinstatement.'

On September 1, 2002, our corporate and principal offices were relocated to 540 Perviz Avenue, PO Box 540946, Opa-Locka, FL 33054. We are respectfully requesting reinstatement fees and other late filing costs are waived, due to the fact your renewal notices were mailed to our old address at Jacksonville, FL.

We are a small mortgage brokerage business, incorporated in 2001, and if your reinstatement fees are assessed – will prove financially burdensome to our young developing business. Your kind consideration in this regard is appreciated.

Please contact the undersigned if you require additional information.

Yours truly,



/ipw  
Enclosure