

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 OCT 15 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000087968**

1. Corporation Name

A-one mortgage consultants, inc.

C/O Claudia Lee

2. Principal Office Address

2926 SW 30 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1540 Fletcher St.

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

City & State

Hollywood, FL

Zip

33009

Country

Broward

Zip

33020

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

9/6/2001

5. FEI Number

59-3742445

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

Claudia Lee

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

1540 Fletcher St

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

Carla Lee

Date

10/10/02

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
VP	Esmeralda Urrego	1217. Crescent Dr.	Hollywood FL 33021
P	Claudia Lee	1540 Fletcher St	Hollywood FL 33021

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:

Carla Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**954-347-
10/10/02 2060**

Daytime Phone #

CR2E081 (9/01)

10/11/02

October 10, 2002

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

RE: A-One Mortgage Consultatns, Inc.
59-3742445

Dear Sir/Madam:

In reference to the subject corporation, enclosed please find a check in the amount of \$150.00 and a Corporate Reinstatement form.

Please note that the MAILING ADDRESS for said corporation is:

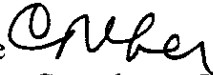
A-One Mortgage Consultants, Inc.
C/O Claudia Lee
1540 Fletcher St.
Hollywood, FL 33020

Please note that said corporation never received filing forms, and being my first corporation, I was unaware that such forms were required. I was told today by an agent in Tallahassee that if I do not receive forms this year, by January, that I should call and follow up, which of course, I will do.

In the meantime, PLEASE PLEASE, accept my reinstatement form with the \$150.00 and any future mail should be directed to the address specified above.

My telephone numbers are 954-347-2060 and 954-926-2996 and my fax is 954-921-0243.

Thanking you in advance for your consideration.

Claudia M. Lee 
A-One Mortgage Consultants, Inc.