

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
• Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 30 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095882

1. Corporation Name

EFFICIENT MORTGAGE GROUP INC.

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

713 West Lumsden Road

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

US

3. Mailing Office Address

713 West Lumsden Road

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

US

500139362035
12/30/08--01039--024 **1058.75

REINSTATEMENT

02-08

4. Date Incorporated or Qualified
To Do Business in Florida 10/2/2001

5. FEI Number

65-1144317

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

Georges D. Paul

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

1214 South 14th Ave

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

☒ 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

Georges D. Paul

REGISTERED AGENT MUST SIGN

Date 12-16-2008

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
P	Georges D. Paul	1214 South 14th Ave	Lake Worth, FL, 33460

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:

Georges D. Paul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-2008

Date

Daytime Phone #