

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 30 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000095882

1. Corporation Name

EFFICIENT MORTGAGE GROUP INC.

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

REINSTATEMENT 02-08

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

713 West Lumsden Road

3. Mailing Office Address

713 West Lumsden Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, Fl

City & State

Brandon, FL

Zip

33511

Country

US

Zip

33511

Country

US

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
	<i>1/1/09</i>		

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 #