


1042

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

Nov 22, 2004 8:00 A.M.  
Secretary of State

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P01000103188

1. Corporation Name

UNITED MORTGAGE OF GREATER FLORIDA, INC.

2. Principal Office Address  
450 Waverly Avenue

Suite, Apt. #, etc.  
Suite 8

City & State  
Patchogue, NY

Zip Country  
11772 USA

3. Mailing Office Address  
P.O. Box 903

Suite, Apt. #, etc.

City & State  
Coram, NY

Zip Country  
11727 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/23/2001

5. FEI Number  
59-3749616

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

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

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

*Connie Bryan*

CONNIE BRYAN

REGISTERED AGENT / ASSISTANT SECRETARY

Date 11/18/04

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	Kathleen Redding	58 E. Greentree Drive	Medford, NY 11763

200840220002  
12/05/04--01069--008 \*\*300.00

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 118.07(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:

*Kathleen Redding*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/04

631-478-1630

NOV-13-2009 2:07PM

NOV-12-09 2:07PM

2 of 2

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**United Mortgage of Greater Florida Inc.**

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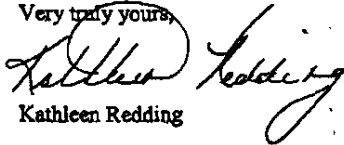
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

I am writing this letter to inform you that I did not receive my annual report form for the year 2003 due to the address had changed and was returned by the postal service. Please waive my fee of \$600 and please except my payment of \$300.

If you have any question, please do not hesitate to contact me at 631-478-1630.

Very truly yours,

  
Kathleen Redding