

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103648

1. Corporation Name

REAL-T MORTGAGE, INC.

Principal Place of Business

2901 W. OAKLAND PARK BLVD.
SUITE A20
OAKLAND PARK FL 33311

Mailing Address

2901 W. OAKLAND PARK BLVD.
SUITE A20
OAKLAND PARK FL 33311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/2001

5. FEI Number

65-1155-612

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

PRES Douglas Gallien

2901 W. OAKLAND PARK BLVD
STE B-9

OAKLAND PARK FL
33311

300008637399
10/28/02-01128-005 **150.00

8. Name and Address of Current Registered Agent

GALLIEN, DOUGLAS

2901 W. OAKLAND PARK BLVD.
SUITE A20
OAKLAND PARK FL 33311

9. Name and Address of New Registered Agent

Name

GALLIEN, Douglas

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

2901 W. Oakland Park Blvd

Suite, Apt. #, Etc.

SUITE B-9

City

Oakland Park

State

FL

Zip Code

33311

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

REAL-T MORTGAGE, INC.
2901 W. OAKLAND PARK BLVD. SUITE B-9
OAKLAND PARK, FL 33311
954-731-3200
954-731-9333

October 22, 2002

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

To Whom It May Concern:

Please find enclosed check for \$150 for 2002 Filing. Please be advised that since the opening of Real-T Mortgage, Inc. I have not received any filing notices. Please see on attached filing a change in Suite No.

I am asking that reinstatement fee be waived.

Thank you for your consideration in this matter.

Sincerely,



Douglas Gallien
President