

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 15 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000 107897

1. Corporation Name

Muller Fiore Mortgage Corporation

300041902833
10/15/04--01061--005 **150.00

2. Principal Office Address

1127 S. Federal Highway
Suite, Apt. #, etc.

3. Mailing Office Address

1127 S. Federal Highway
Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach FL

Zip

33062

Country

Zip

33062

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/7/2001

5. FEI Number

65-1153596

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

CHARLES SCHER

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

7700 Congress Avenue, Ste 1105

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33487

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/11/04

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	Fiore, SUZANA	1127 S. Federal Highway	Pompano Beach, FL 33062
VP	Fiore, JEFFERSON	1127 S. Federal Highway	Pompano Beach, FL 33062

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)(l), 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] Suzana Fiore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/04

Daytime Phone #

954-942-8600

CR2E081 (01/04)

MULLER FIORE MORTGAGE CORP.

1127 S. Federal Highway
Pompano Beach, FL 33062

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

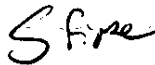
Dear Sir:

Re: Muller Fiore Mortgage Corp. P 010000107897

The registered agent for the above corporation changed his address in January 2004. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$150.00 for the 2004 year and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,



Suzana Fiore
President