

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 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000118832**

1. Corporation Name

AMERICAN MORTGAGE SERVICES, INC.

Principal Place of Business

~~4242 CEDAR CREEK RD.~~
BOCA RATON FL 33487

Mailing Address

~~4242 CEDAR CREEK RD.~~
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

3500 NW BOCA RATON BLVD

Suite, Apt. #, etc.

811
BOCA RATON

City & State
BOCA RATON

Zip
33431

Country
PALM BEACH

3. New Mailing Office Address, If Applicable

3500 NW BOCA RATON BLVD

Suite, Apt. #, etc.

811
BOCA RATON

City & State
BOCA RATON

Zip
33431

Country
PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/2001

5. FEI Number

26 0013 884

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	KAYNE, EDWARD R	4242 CEDAR CREEK RD.	BOCA RATON FL 33487

400008613244

10/28/02--01050--002 **750.00

8. Name and Address of Current Registered Agent

KAYNE, EDWARD R
4242 CEDAR CREEK RD.
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 **10-21-02**

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

10-21-02 561-988-828

Date Daytime Phone #

CR2E040 (8/02)