

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118993

1. Corporation Name

Western Equity Mortgage, INC

2. Principal Office Address

160 NW 176 Street

Suite, Apt. #, etc.

Suite # 205

City & State

MIAMI, FL

Zip

33169

Country

U.S.A.

3. Mailing Office Address

160 NW 176 St

Suite, Apt. #, etc.

Suite # 205

City & State

MIAMI, FL

Zip

33169

Country

U.S.A.

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

12/01

5. FEI Number

01-0552533

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

VALSAINT, JEAN ROBERT

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

500 S.W. 181st WAY

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

800008894798

11/08/02--01104--013 **750.00

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 11-05-02

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
D	VALSAINT, JEAN R.	500 SW 181 st WAY	P. Pines, FL 33029
D	VALSAINT, ROSE M.	500 SW 181 st WAY	P. Pines, FL 33029

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALSAINT, JEAN R.

Date

11-05-02

Daytime Phone #

(305) 653-8767

CR2E081 (9/01)