

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 OCT 24 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500137251015  
10/24/08--01023--013 \*\*300.00

DOCUMENT # P02000003815

1. Corporation Name

CHF Mortgage Corporation

2. Principal Office Address - No P.O. Box #

14725 SW 83 Place

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33158

Country

USA

3. Mailing Office Address

770 Cloughton Island Dr.

Suite, Apt. #, etc.

PH 31

City & State

Miami, Florida

Zip

33131

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/11/2002

5. FEI Number

020533337

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

Justo E Fanjul

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

14725 SW 83 Place

Suite, Apt. #, Etc.

City

Palmetto Bay

State

FL

Zip Code

33158

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Mercedes Fanjul*  
REGISTERED AGENT MUST SIGN

Date 10/19/2008

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
Pres	Mercedes Fanjul	14725 SW 83 place	Miami, FL 33158
Sup Sec	Justo E Fanjul	14725 SW 83 place	Miami, FL 33158

**REINSTATEMENT**

07-08

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 contained in Chapter 119, 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:

*Mercedes Fanjul* Mercedes Fanjul  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/2008  
Date

(305) 256-1482  
Daytime Phone #