

- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 23 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000050486*

1. Corporation Name

TOTAL MORTGAGE, INC

2. Principal Office Address

8370 W. HILLSBOROUGH AV

Suite, Apt. #, etc.

201

City & State

TAMPA, FL

Zip

33615

Country

USA

3. Mailing Office Address

P.O. BOX 26333

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33685

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3666151

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

ANTHONY DIAZ

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

15618 SHOAL CREEK PL

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33145

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

10/15/03

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
<i>PSTO</i>	<i>DIAZ, ANITA N</i>	<i>15618 SHOAL CREEK DR</i>	<i>ODESSA, FL 33145</i>

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:

Anita Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

813-936-8600

Daytime Phone #

CR25081 (10/02)



8370 W. HILLSBOROUGH AVE
SUITE 201
TAMPA, FL 33615
PHONE: 813-936-8600 FAX: 813-936-8602

October 15, 2003

Florida Department of State
Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

With this letter we are requesting a waiver for the reinstatement late fee that was applied to my corporation. We never received a notice with the new application and we had to hear about it when we applied for credit, which was denied because we were inactive.

We appreciate your attention to this matter and we thank you in advance for all you help.

Sincerely,

Anita Diaz
President
Total Mortgage, Inc

AD/yl