

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 25 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055295

1. Corporation Name

A.C.T. MORTGAGE CORP.

2. Principal Office Address

10300 SUNSET DR

Suite, Apt. #, etc.

333

City & State

MIAMI

Zip

33173

Country

MIAMI-DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-15-2002

5. FEI Number

03-0455930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

300027655403

01/27/04--01019--015 **750.00

300027655403

02/25/04--01006--014 **150.00

7. Name and Address of Current Registered Agent

Name

EDGAR GUILLEN

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

15037 SW 67 LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

Date 1-22-2004

REGISTERED AGENT MUST SIGN

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	HENRY LOPEZ	4125 SW 97 CT	MIAMI, FL 33165
V.P.	ARELYS LOBO	13001 SW 83 ST	MIAMI, FL 33183

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

ARELYS LOBO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2004 305-271-2171

Date

Daytime Phone #

CR2E081 (10/02)