

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -8 AM 8:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000059779

1. Corporation Name

A Florida Mortgage Fnc

2. Principal Office Address

Box 15247

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33314

Country

USA

3. Mailing Office Address

Box 15247

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33314

Country

USA

REINSTATEMENT 03

000025327600
12/08/03--01068--006 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/2002

5. FEI Number

223366332

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

Douglas Hernberg

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

19111 COLLINS AVE, 1005

Suite, Apt. #, Etc.

City

Sumter FL

State

FL

Zip Code

33860

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

REGISTERED AGENT MUST SIGN

Date

12/3/03

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
PD	Ryan Hernberg	31 equestrian lane	Chesley Hills, 08003

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

Date

12/3/03

Daytime Phone #

CR2E081 (1/02)

12/3/02

Re: A Florida Mortgage

The payment for corp and uniform
Business Report was sent August of
02 and never received by state.

please reinstate the \$150.00
is enclosed

Ann Hef
Ryan Hembury