

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 15 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000065767

1. Corporation Name

Capital One Mortgage  
Corporation

2. Principal Office Address

St. St. 503

3. Mailing Office Address

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

11

City & State

West Palm Beach

City & State

11

Zip

33401

Country

USA

Zip

11

Country

11

4. Date Incorporated or Qualified  
To Do Business in Florida

June 13 2002

5. FEI Number

01-075599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

Kyle Cohn

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

101 N. Cleatis St

Suite, Apt. #, Etc.

503

City

West Palm Beach

State

FL

Zip Code

33401

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]*

Date

4/13/04

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
CEO	KYLE COHN	101 N. CLEATIS ST.	WEST PALM BEACH
	SUITE	# 503	FL 33401

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]*

KYLE COHN

4/13/04

(561) 373-488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #