

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000066362

1. Corporation Name

GREENWICH MORTGAGE & CAPITAL CORP.

REINSTATEMENT 03-04

500027655145
01/27/04--01019--009 **308.00

2. Principal Office Address

1720 HARRISON ST

3. Mailing Office Address

1720 HARRISON ST

Suite, Apt. #, etc.

STE 18B

Suite, Apt. #, etc.

STE 18B

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33020

Country

US

Zip

33020

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2002

5. FEI Number

01-0722980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK J HAJEC

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

1130 SE 6TH COURT

Suite, Apt. #, Etc.

City

DANIA BEACH

State

FL

Zip Code

33004

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

Mark J Hajec
REGISTERED AGENT MUST SIGN

Date

2-1-04
1-13-04

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
P	ANDREW ZULLO	<u>1720 HARRISON ST, STE 18B</u>	<u>HOLLYWOOD, FL 33020</u>
VP	<u>ELAINE CHONG-MONELLA</u>	<u>1720 HARRISON ST, STE 18B</u>	<u>HOLLYWOOD, FL 33020</u>
SEC	<u>CINDY WATSON</u>	<u>1720 HARRISON ST, STE 18B</u>	<u>HOLLYWOOD, FL 33020</u>

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-04 954-650-6372

Date

Daytime Phone #

CR2001 (1/002)