

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

**FILED**  
**Jan 14, 2005 8:00 A.M.**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *PO 20000 76375*

**1. Corporation Name**

OPM MORTGAGE COMPANY

**2. Principal Office Address**

409 W. Hallandale Bch Blvd

Suite, Apt. #, etc.

206

City & State

Hallandale, FL

Zip

33009

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

*03-05*

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

7-15-02

**5. FEI Number**

04-3702235

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

Saul Cimbler

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

247 S.W. 8th Street

Suite, Apt. #, Etc.

223

City

Miami

State

FL

Zip Code

33130

200044774422

01/14/05 01028 010 \*\*\*450.00

**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 1-12-05

**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/D	Saul Cimbler	247 S.W. 8th St, #223,	Miami, FL 33130

**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:**

Saul Cimbler, Pres. & Direct

1-12-05

786.286.1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

2 of 2

## OPM MORTGAGE COMPANY

409 West Hallandale Beach Boulevard  
Ste. 206  
Hallandale, FL 33009  
Tel: 786.286.1100  
Fax: 305.716.9215  
Direct Email: saulcimbler@aol.com

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JAN 15 AM 8:09

January 12, 2005

**Division of Corporations**  
409 East Gaines Street  
Tallahassee, FL 32399  
**ATTN: Reinstatement Section**

RE: ***OPM Mortgage Company***

Dear Sir or Madam:

Attached is the Corporation reinstatement form for OPM Mortgage Company, along with a cashier's check in the amount of \$450.00 for years 2003, 2004 and 2005.

I am requesting that the Division of Corporations waive all other fees as I did not receive the corporate annual return forms for calendar years 2003 and 2004.

I can be reached at 786.286.1100 should you have any questions.

Sincerely,

  
Saul Cimbler, Pres.