

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103761

1. Corporation Name

SIGNATURE MORTGAGE SERVICES, CORP.

Principal Place of Business

Mailing Address

335 NW 165 AVE.
PEMBROKE PINES FL 33028

335 NW 165 AVE.
PEMBROKE PINES FL 33028

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2002

Suite, Apt. #, etc.

6600 COWPEN RD #220

Suite, Apt. #, etc.

6600 COWPEN RD #220

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

5. FEI Number

82-0565839

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--|
| VSD | ARIAS, ALFREDO A | 335 NW 165 AVE. | PEMBROKE PINES FL 33028 |
| PTD | PICALLO, LAZARO | 335 NW 165 AVE. 12785 SW 22 ST | PEMBROKE PINES FL 33028 MIAMI LAKES, FL 33027 |
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| | | | |
| | | | |

500024327665
10/31/03--01080--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARIAS, ALFREDO A
335 NW 165 AVE.
PEMBROKE PINES FL 33028

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/2003

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/2003

Date

305-362-9515

Daytime Phone #

CR2040 (7/03)



October 29, 2003

Florida Dept. of State
Division of Corporations
Annual Report/Reinstatement Section
~~P.O. Box 6327~~
Tallahassee, FL 32314-6327

Re: Application for reinstatement

To Whom It May Concern:

Please allow this letter to serve as notice that our corporation did not receive the two prior Uniform Business Report notices. Unfortunately, we received the application for reinstatement and have reviewed and complied with request.


We, the officers of Signature Mortgage Services have on three different occasions attempted to change our corporation address to the new one which is depicted on the application for reinstatement. Hopefully, our address will be updated and corrected to avoid any future conflicts of this nature.

Enclosed with this letter is the application fee as requested.

Thank you for your prompt attention to this matter, and if we can provide any further assistance please do not hesitate to contact us at (305) 362-9615.

Cordially,


Lazaro Picallo
President


Alfredo A. Arias
Vice-President