

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -9 AM 8:00

DOCUMENT # P02000114399

1. Corporation Name

A MORTGAGE CONSULTANT, INC.

Principal Place of Business

100 NW 207 WAY  
PEMBROKE PINES FL 33029

Mailing Address

100 NW 207 WAY  
PEMBROKE PINES FL 33029

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

2. New Principal Office Address, If Applicable

Suits, Apt. #, etc.

City &amp; State

3. New Mailing Office Address, If Applicable

Suits, Apt. #, etc.

City &amp; State

Country

If corporation or qualified  
To Do Business in Florida

10/24/2002

5. FEI Number

36-4547777

Applied For

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PATRICK L. BURDEN	100 NW 207 WAY	PEMBROKE PINES, FL 33029

400028067804  
02/03/04--01004--003 \*\*308.75

8. Name and Address of Current Registered Agent

BURDEN, PATRICK L  
100 NW 207 WAY  
PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name

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

Suits, 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

REGISTERED AGENT MUST SIGN

Date

1-28-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK L. BURDEN

Date

Daytime Phone #

1-28-04 (954) 4677

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