

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 21 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000116173**

1. Corporation Name

**USA MORTGAGE GROUP INC.**

Principal Place of Business

Mailing Address

1510 NE 162ND STREET  
NORTH MIAMI BEACH FL 33162

2264 NW 159TH AVENUE  
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

**1590 NE 162<sup>ND</sup> STREET**

Suite, Apt. #, etc.

**# 700**

City & State

**NORTH MIAMI BEACH, FL**

Zip

**33162**

Country

**USA**

3. New Mailing Office Address, If Applicable

**1590 NE 162<sup>ND</sup> STREET**

Suite, Apt. #, etc.

**# 700**

City & State

**NORTH MIAMI BEACH, FL**

Zip

**33162**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/29/2002**

5. FEI Number

**45-050-6110**

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
P	ADINE JEAN-GUILLAUME	15290 WILSHIRE WAY	PEMBROKE PINES, FL 33027
VP	JEAN-MAX MOÏSE	2264 NW 159 <sup>TH</sup> AVENUE	PEMBROKE PINES, FL 33028
T	GEORGES L. CHANCY	1200 SW 67 <sup>TH</sup> TERRACE	PLANTATION, FL 33317
			100023972701 10/21/03--01077--025 **175.00

8. Name and Address of Current Registered Agent

MOISE, JEAN-MAX  
2264 NW 159TH AVENUE  
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

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 **10/15/2003**

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

Date **10/15/2003**

Daytime Phone # **3059449999**



**NORTH MIAMI BEACH**

**OCTOBER 15, 2003**

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

**TO WHOM IT MAY CONCERN:**

**THIS LETTER IS TO ACKNOWLEDGE THAT I, JEAN-MAX MOISE, REGISTERED  
AGENT FOR USA MORTGAGE GROUP INC, DID NOT RECEIVE  
THE PRIOR UBR NOTICES. I AM ENCLOSING THE APPROPRIATE UBR FILING FEE  
AS WELL AS THE COMPLETED APPLICATION FOR REINSTATEMENT.**

**RESPECTFULLY,**

A handwritten signature in black ink, appearing to read "Jean-Max Moise", is written over a horizontal line.

**JEAN-MAX MOISE**

**VP**

**USA MORTGAGE GROUP INC.**

**1590 NE 162nd Street Suite # 700 North Miami Beach, FL 33162  
Tel: 305-944-9999 Fax: 305-919-0000**