

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 26 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000121098*

1. Corporation Name

Antilles Mortgage Corp.

2. Principal Office Address

4551 US Hwy 1, N.

Suite, Apt. #, etc.

City & State

Bunnell, FL

Zip

32110

Country

LISA

3. Mailing Office Address

P.O. Box 355035

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

32135

Country

LISA

REINSTATEMENT *04-06*

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/2002

5. FEI Number

06-1658499

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

Khalid Muneer

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

3 Village Lane

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

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

K. Muneer

Date *05/25/06*

REGISTERED AGENT MUST SIGN

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
<i>P/T</i>	<i>Lambert H. Van Wyk</i>	<i>4551 US Hwy 1, N. # A</i>	<i>Bunnell, FL 32110</i>
<i>V/P</i>	<i>Khalid Muneer</i>	<i>3 Village Lane</i>	<i>Palm Coast, FL 32164</i>
		<i>\$R615</i>	<i>600076020006</i>
			<i>06/08/06--01042--020 **1058.75</i>

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 contained in Chapter 119, 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

5/25/06

Date

386 447 7499

Daytime Phone #