

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000121425**

**1. Corporation Name**

ARYS MORTGAGE CORP

**FILED**  
03 NOV 13 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 83

**2. Principal Office Address**

6129 SW 194 AVENUE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

Zip

33332

Country

USA

**3. Mailing Office Address**

6129 SW 194 AVENUE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

Zip

33332

Country

USA

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

11/13/2002

**5. FEI Number**

36-4519873

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

9/04/03 90175003 150

**7. Name and Address of Current Registered Agent**

Name

MANUEL VIERA

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

Suite, Apt. #, Etc.

6129 SW 194 AVENUE

City

PEMBROKE PINES

State  
**FL**

Zip Code  
**33332**

**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 **11/01/03**

**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
DP	MANUEL VIERA	6129 SW 194 AVENUE	PEMBROKE PINES, FLORIDA 33332
DT	HEMEL FRANCO	6129 SW 194 AVENUE	PEMBROKE PINES, FLORIDA 33332

**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:**

MANUEL VIERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/03

Date

954-665-5095

Daytime Phone #

**Miami, November 5, 2003**

**Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

**Re: ARYS MORTGAGE CORP.  
Doc Number P02000121425**

**Dear Sir or Madam:**

**Please find enclosed an application for reinstatement with our new address.**

**We have never received the letter of reinstatement that you send back in  
September 4<sup>th</sup>, 2003.**

**Please find enclosed the reinstatement Uniform Business Report.**

**As per phone conversation you already have the check of \$ 150.00 in your files.**

**Your consideration will be greatly appreciated.**

**Sincerely,**



**Manuel Viera  
President  
6129 NW 194<sup>th</sup> Ave  
Pembroke Pines, FL 33332**