

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000134912

1. Corporation Name

BLACKAIRE MORTGAGE CORP

REINSTATEMENT 03

2. Principal Office Address

1801 N PINE ISLAND RD

Suite, Apt. #, etc.

102

City & State

PLANTATION

Zip 33322

Country

U.S.A.

3. Mailing Office Address

1801 N PINE ISLAND RD

Suite, Apt. #, etc.

102

City & State

PLANTATION

Zip 33322

Country

U.S.A.

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

5. FEI Number

161644470

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

Andrew Lockwood

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

1801 N Pine Island Rd

Suite, Apt. #, Etc.

102

City

Plantation

State

FL

Zip Code

33322

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

Andrew Lockwood

REGISTERED AGENT MUST SIGN

Date 10/13/03

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
<u>PR</u>	<u>ANDREW LOCKWOOD</u>	<u>1801 N Pine Island Rd #102</u>	<u>Plantation, FL 33322</u>

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:

Andrew Lockwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

954 236 4500

CR2E081 (10/02)

BLACKACRE

m o r t g a g e c o r p .

Thursday, October 16, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing on behalf of Blackacre Mortgage Corp., to request that you waive the late fees it has incurred for 2003. Blackacre failed to receive correspondence from the Department of State because the Department sent the correspondence to a former address for Blackacre. I have completed the Corporation Reinstatement form which states Blackacre's correct address, along with a check in the amount of \$150.00.

Thank you in advance for your consideration in this matter. If you have any questions please do not hesitate to contact me at the below address and/or telephone number.

Sincerely,



Pearl Lockwood, Esq.
Blackacre Mortgage Corp.