

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 13 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000051403

**1. Corporation Name**

new Age mortgage Group, INC.

**2. Principal Office Address**

6812 Merion Place

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

Zip

33068

Country

USA

**3. Mailing Office Address**

7571 NW 21<sup>st</sup> Court

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33313

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

09-06

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

05/02/03

**5. FEI Number**

05-0569080

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

Regina L. Croto

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

7571 NW 21ST COURT

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33313

400073764334  
05/03/06--01001--004 \*\*467.50

**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

*Regina L. Croto*

REGISTERED AGENT MUST SIGN

Date 03/07/06

**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
President	Regina L. Croto	7571 NW 21ST COURT	SUNRISE FL 33313
Secretary	Tammy C McClammer	1386 CYPRESS DRIVE	GREENFIELD IN 46140

**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:

*Tammy C. McClammer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

Date

317-979-7674

Daytime Phone #

2 of 2

**New Age Mortgage Group Inc.**  
**7571 NW 21<sup>st</sup> Court**  
**Sunrise, FL 33313**  
**(954) 260-8698**

April 4, 2006

Department of State  
Division of Corporation  
PO BOX 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to inform you that I did not receive annual report notice in the year of dissolution/revocation. The Corporation was dissolved on 10/01/2004 I assume by the State of Florida. Please allow Corporation to be reinstated. Enclosed is check for all filing fees according to reinstatement forms. I have also included Corporation Reinstatement Form.

Sincerely,

A handwritten signature in cursive script, appearing to read "Regina L. Croto".

Regina L. Croto  
President