
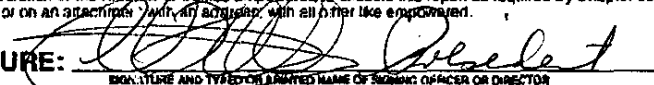


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -3 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT P03000095057			
1. Entity Name SOUTH FLORIDA SCHOOL OF REAL ESTATE & MORTGAGE, INC.			
Principal Place of Business 10899 SUNSET DRIVE STE 201 MIAMI, FL. 33173		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0908135		Applied for Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVARADO, ARMANDO F. 10916 SW 37th COURT MIAMI, FL. 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ALVARADO, ARMANDO F. 10916 SW 37th COURT MIAMI, FL. 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ALVARADO, ARMANDO F. 10916 SW 37 Court Miami, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042767639 11/16/04--01018--010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment hereto, in accordance with all other like empowered.			
SIGNATURE: 		10/28/04(305)266-1058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

2022

**SOUTH FLORIDA SCHOOL OF REAL ESTATE &
MORTGAGE, INC.**

10899 SUNSET DRIVE SUITE 201

MIAMI, FL. 33173

DOCUMENT # P03000095057

TO: FLORIDA DEPT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: ANNUAL REPORT

GENTLEMEN:

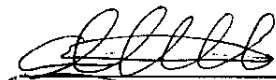
IN PREVIOUS YEARS WE HAVE PAID THE ANNUAL REPORT ON TIME
, BUT WE DID NOT RECEIVE ANY CORRESPONDENCE FROM YOUR
DEPARTMENT AND THE PAYMENT WAS OVERLOOKED.

ENCLOSED IS THE PAYMENT OF \$150.00 USD FOR THE ANNUAL FEE.

PLEASE NOTE THAT THE ADDRESS THAT YOU HAVE ON FILE DIFFERS IN
SUITE NUMBER, WE ARE LOCATED IN SUITE 201 NOT SUITE 202.

THANK YOU FOR YOUR TIME. IF YOU HAVE ANY QUESTIONS PLEASE
CONTACT US AT YOUR EARLIEST CONVENIENCE.

VERY TRULY



ALVARADO, ARMANDO F
PRESIDENT