

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT 26 11:02

DOCUMENT # PO3000114347

1. Corporation Name

SECURED EQUITY MORTGAGE INVEST, INC

2. Principal Office Address

5975 W. SUNRISE BLVD

Suite, Apt. #, etc.

207

City & State

SUNRISE FLORIDA

Zip

33313

Country

USA

3. Mailing Office Address

1940 SW SI TERRACE

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

33317

Country

USA

**REINSTATEMENT** \$90.00

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/2003

5. FEI Number

562426212

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

CURTIS BUCKNOR

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

1940 SW SI TERRACE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

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

AC

Date 10/25/2006

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|----------|--------------------------------------|---|--------------------------|
| <u>P</u> | <u>CURTIS BUCKNOR</u>                | <u>5975 W. SUNRISE BLVD, #207</u>                 | <u>SUNRISE, FL 33313</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 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:

AC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2006

Date

954-292-7783

Daytime Phone #

3. Attached

OCT 26 2006