

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000124850

**FILED**  
**Oct 07, 2005**  
**Secretary of State**

**Entity Name:** PARK PLACE MORTGAGE BROKER SERVICES, INC.

**Current Principal Place of Business:**

10650 PARK PLACE DR.  
SEMINOLE, FL 33778

**New Principal Place of Business:**

9534 SEMINOLE BLVD  
SEMINOLE, FL 33772

**Current Mailing Address:**

10650 PARK PLACE DR.  
SEMINOLE, FL 33778

**New Mailing Address:**

9534 SEMINOLE BLVD  
SEMINOLE, FL 33772

**FEI Number:** 27-0070998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DONOFRIO, CELI A  
10650 PARK PLACE DR.  
SEMINOLE, FL 33778 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** CELI A DONOFRIO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PRES ( ) Delete  
**Name:** DONOFRIO, CELI A  
**Address:** 10650 PARK PLACE DRIVE  
**City-St-Zip:** SEMINOLE, FL 33778 US

**Title:** VICE ( ) Delete  
**Name:** DONOFRIO, CELI A  
**Address:** 10650 PARK PLACE DRIVE  
**City-St-Zip:** SEMINOLE, FL 33778 US

**Title:** SEC (X) Delete  
**Name:** DONOFRIO, CELI A  
**Address:** 10650 PARK PLACE DR  
**City-St-Zip:** SEMINOLE, FL 33778 US

**Title:** TRES (X) Delete  
**Name:** DONOFRIO, CELI A  
**Address:** 10650 PARK PLACE DRIVE  
**City-St-Zip:** SEMINOLE, FL 33778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PVPS (X) Change ( ) Addition  
**Name:** DONOFRIO, CELI A  
**Address:** 10650 PARK PLACE DRIVE  
**City-St-Zip:** SEMINOLE, FL 33778 US

**Title:** TD (X) Change ( ) Addition  
**Name:** DONOFRIO, CELI A  
**Address:** 10650 PARK PLACE DRIVE  
**City-St-Zip:** SEMINOLE, FL 33778 US

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CELI A DONOFRIO

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10/07/2005

Electronic Signature of Signing Officer or Director

Date