## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000040728

Entity Name: SOLUTIONS MORTGAGE DIRECT, INC.

**FILED** Oct 31, 2006 Secretary of State

10/31/2006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

6099 STIRLING RD 6099 STIRLING RD #214 #214 **DAVIE, FL 33019 DAVIE, FL 33314** 

**New Mailing Address: Current Mailing Address:** 

POBOX 816222 HOLLYWOOD, FL 33081

FEI Number: 20-0863683 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BOHORQUEZ, ARIEL O BOHORQUEZ, ARIEL O 6099 STIRLING RD 6099 STIRLING RD #214 #214 DAVIE, FL 33019 US DAVIE, FL 33314 US

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: ORLANDO BOHORQUEZ

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:

() Delete Title: (X) Change ( ) Addition

CASTAÑEDA, ALVARO CASTAÑEDA, ALVARO Name: Name: 6099 STIRLING RD #214 Address: 6099 STIRLING RD #214 Address: City-St-Zip: **DAVIE, FL 33019** City-St-Zip: **DAVIE, FL 33314** 

Title: Title: (X) Change ( ) Addition () Delete Name:

BOHORQUEZ, ARIEL O BOHORQUEZ, ARIEL O Name: 6099 STIRLING RD #214 Address: 6099 STIRLING RD #214 Address: **DAVIE, FL 33019** DAVIE, FL 33314 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

VΡ SIGNATURE: ORLANDO BOHORQUEZ 10/31/2006