

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR 11 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04-000063799

1. Corporation Name

York Mortgage, Inc.

**REINSTATEMENT** 08-10

600171861506  
03/11/10--01003--021 \*\*750.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

2741 SW 136 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2741 SW 136 Ave

Suite, Apt. #, etc.

City & State

Davie, FL.

City & State

Davie, FL.

Zip

33330

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/16/04

5. FEI Number

201020583

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

Veronica Mor

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

2741 SW 136 Avenue

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33330

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/9/10

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
PD	Veronica Mor, President,	2741 SW 136 Ave,	Davie, FL. 33330

10. E-mail Address:

VMOR915@YAHOO.COM

To be used for future annual report notification

11. I certify that I am an officer or director of 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. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/9/10 9543093989