

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -7 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO4000098147

1. Corporation Name

MY MORTGAGE CHANNEL CORP.

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

7060 PARK ST

Suite, Apt. #, etc.

3. Mailing Office Address

7060 PARK ST

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33024

Country

BROWARD

City & State

Hollywood FL

Zip

33024

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

6-28-04

5. FEI Number

36-4558604

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

MICHELLE RUBIO

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

7060 PARK ST

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

REGISTERED AGENT MUST SIGN

Date

12-05-07

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
<u>President</u>	<u>MICHELLE RUBIO</u>	<u>7060 PARK ST</u> <u>Hollywood FL 33024</u>	<u>Hollywood FL 33024</u>
<u>Vice President</u>	<u>STEVEN CULLEN</u>	<u>221 NORMAN ST # 11</u> <u>HALL</u>	<u>Hollywood FL 33020</u>

000112937430
12/07/07--01034--009 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-05-07 954-483-9042

Daytime Phone #