

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 10 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000098473

1. Corporation Name

Nova Miami Mortgage Consultants
INC

REINSTATEMENT

05

04-14-05 90083 028
CR2E081 (8/05) \$158.75

2. Principal Office Address

14481 SW 52 ST

3. Mailing Office Address

same

Suite, Apt. #, etc.

Miami, FL.

Suite, Apt. #, etc.

City & State

City & State

Zip

33175

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/29/2000

5. FEI Number

34-2002609

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

Martha P. Bustillo

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

14481 SW 52 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/7/05

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	<u>MARTHA P. BUSTILLO</u>	<u>14481 SW 52 ST</u>	<u>Miami FL 33175</u>
VD	<u>Olga Kennedy</u>	<u>10863 SW 93 ST</u>	<u>Miami FL 33176</u>

PR 10/11

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 under section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/05 305 661-6511
Daytime Phone #

**NOVA MIAMI MORTGAGE CONSULTANTS INC.
14481 SW 52ND STREET
MIAMI, FLORIDA 33175
TEL (305) 661-6511
FAX (305)675-7688**

October 7, 2005

**Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301**

**Re: Nova Miami Mortgage Consultants, Inc.
Document No. P04000098473**

Gentlemen:

I received today, to my total surprise, a Notice of Dissolution or Revocation on the above referenced corporation.

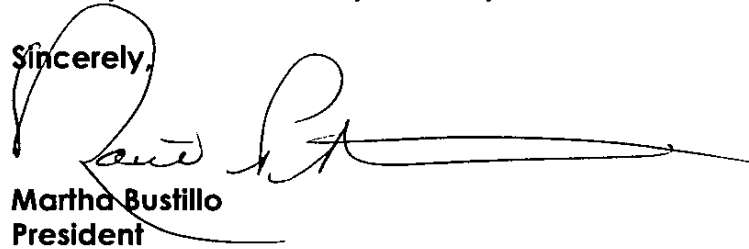
I was surprised due to the fact that I filed the annual report and have a copy of canceled check on 4/14/2005. I immediately called your office and spoke to one of your examiners who explained that the report was rejected because Item 4, the FEI Number, was not filled out. I explained that I never received such notice, and that the only correspondence I have received was the Notice of Dissolution.

She instructed me to download the Reinstatement Form, fill it out and send it with this letter.

I respectfully request that you waive the reinstatement fee since we never received the correction notice.

Thank you so much for your cooperation in this matter

Sincerely,

A handwritten signature in black ink, appearing to read 'Martha Bustillo', followed by a long horizontal flourish.

Martha Bustillo
President

MB:me

Encl.

Copy of cancelled check

copy of IRS form

Reinstatement Form