

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000035844

1. Entity Name  
MONEY FINDERS MORTGAGE, INC.



FILED

2007 OCT 16 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1280 SW 36 AVENUE  
201  
POMPANO BEACH, FL 33069 US

Mailing Address  
1280 SW 36 AVENUE  
201  
POMPANO BEACH, FL 33069 US



10112007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-449666Y

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE LAW OFFICE OF KIRK GIRRBACH, P.A.  
1280 SW 36 AVENUE  
201  
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, types or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
PDS  
HAMMONDS, ERIC ☐ Delete  
STREET ADDRESS  
1280 SW 36 AVENUE, SUITE 201  
CITY-ST-ZIP  
POMPANO BEACH, FL 33069

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
400110866554  
10/16/07--01058--024 \*\*150.00

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Eric Hammond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-07

Date

Daytime Phone #

10/17/07