

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000073933

1. Entity Name
TRACE & LOUIS MORTGAGE AND FINANCIAL, CORP



Principal Place of Business
10584 CYPRESS LAKES PRESERVE DRIVE
LAKE WORTH, FL 33464 US

Mailing Address
10584 CYPRESS LAKES PRESERVE DRIVE
LAKE WORTH, FL 33464 US

2. Principal Place of Business - No P.O. Box #
SAME
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



10752007 REIN-P 0R2E098 (1/07)

REINSTATEMENT

4. FEI Number

134335415

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST. LOUIS, JOSAPHAT
10584 CYPRESS LAKES PRESERVE DRIVE
LAKE WORTH, FL 33464

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

(NOTE: Registered Agent signature required when reinstating)

10/12/2007
DATE

FILE NOW!!! FEE IS \$750.00
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
ST. LOUIS, JOSAPHAT ☐ Delete
STREET ADDRESS
10584 CYPRESS LAKES PRESERVE DRIVE
CITY-ST-ZIP
LAKE WORTH, FL 33464

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
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
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700110918537
10/17/07--01070--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500110918635
10/17/07--01070--017 **150.00

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2007
Date

Daytime Phone #

Michael OCT 17 2007