


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P06000155548**

1. Corporation Name

**MORTGAGE MARKETING CONSULTANTS INC**

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

**6362 LAS FLORES DR**

Suite, Apt. #, etc.

3. Mailing Office Address

**6362 LAS FLORES DRIVE**

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

Zip  
**3343**

Country  
**USA**

City & State

**BOCA RATON FL**

Zip  
**3343**

Country  
**USA**

**REINSTATEMENT**

CR2E081 (12/07)

07-08

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☐ 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

**CHAIM INGBER**

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

**6362 LAS FLORES DR**

Suite, Apt. #, Etc.

City

**BOCA RATON**

State

**FL**

Zip Code

**33433**

☒ 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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
<b>P</b>	<b>CHAIM INGBER</b>	<b>6362 LAS FLORES DRIVE</b>	<b>BOCA RATON FL 33433</b>

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

Daytime Phone #

8/8/08

2 of 2  
CPA

BRUCE JAY REINGOLD, P.A.

7015 BERACASA WAY SUITE 208  
BOCA RATON, FLORIDA 33433  
TELEPHONE 561-392-7355 • FACSIMILE 561-392-7186

August 4, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: P05000155548  
Mortgage Marketing Consultants Inc

Enclosed please find our check in the amount of \$150.00, which represents the annual filing fee for our client, Mortgage Marketing Consultants, Inc., as well as the form which we printed from the internet, requesting reinstatement.

The taxpayer never received a notice of renewal. The taxpayer has always paid the renewals in a timely fashion, but was not aware that any monies were due until she received a notice to dissolve the corporation.

We are therefore requesting that all penalties and interest be abated and the enclosed check be accepted as payment in full.

Thanking you in advance for your considerations and assistance in this matter, I remain,

Sincerely yours,

*Bruce J. Reingold*  
Bruce J. Reingold