

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
-FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

P92000004820

FILED

98 JUL -6 AM 8:13

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P92000004820**

PR0045787

PUEBLO MORTGAGE CORP.

~~8763 SW 27TH ST~~

~~MIAMI FL 33165~~

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

MIAMI, FLORIDA

Address

4160 West 16th Avenue, Suite # 208

City and State

Zip Code

Hialeah, FL. 33012

3. If Principle Office Address is different from mailing address, enter address below:

Address

~~8763 SW 27TH ST~~

City and State

Zip Code

~~MIAMI~~

~~FL 33165~~

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1992

5. FEI Number

65-0363880

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President/Secretary/Director	Orlando Valdes	534 East 64th Street	Hialeah, FL. 33013

REINSTATEMENT 93-98
let 7/7

*name -
obtained
name release
from PR0007622
- let 7/6/98
(see dissolution)*

FF \$1500.00
CUS 8.75

000002581050-- 8
-07/06/98--01136--001
***1543.75 ***1508.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

~~LAMORA NELSA~~
~~8763 SW 27TH ST~~
~~MIAMI FL 33165~~

9. If changed, new registered agent / office

Name

Pedro Luis Perez

Street Address (Do NOT Use P.O. Box Number)

1333 West 49th Place

Street Address (Do NOT Use P.O. Box Number)

N/A

City

Hialeah

State

FL.

Zip

33012

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **June 26-1998**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

See attached

Date **6/26/98**

Daytime Phone# **(305) 821-1277**

Orlando Valdes, President/Secretary/Director

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P92000004820**

PRO018787

PUEBLO MORTGAGE CORP.

~~8763 SW 27TH ST~~

~~MIAMI FL 33103~~

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address **Avenue**
4160 West 16th Street, Suite # 208

City and State **Hialeah, FL** Zip Code **33012**

3. If Principle Office Address is different from mailing address, enter address below:

Address
~~8763 SW 27TH ST~~

City and State **MIAMI** Zip Code **33103**

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1992

5. FEI Number

65-0363880

FEI Number Applied For

FEI Number Not Applicable

6.

\$8.75 Add to fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

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1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President/Secretary/Director	Orlando Valdes	534 East 64th Street	Hialeah, FL 33013

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~~LAMORA~~ ~~NELSA~~
~~8763 SW 27TH ST~~
~~MIAMI FL 33103~~

9. If changed, new registered agent / office

Name **Pedro Luis Perez**

Street Address (Do NOT Use P.O. Box Number)
1333 West 49th Place

Street Address (Do NOT Use P.O. Box Number)
N/A

City **Hialeah** State **FL** Zip **33012**

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Orlando Valdes

Date **6/26/98**

Daytime Phone **(305) 821-1277**