

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 26 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92 000004820

1. Corporation Name

PUEBLO MORTGAGE CORP.

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

4160 W. 16 AVE, #

Suite, Apt. #, etc.

#209

City & State

Hialeah, FL

Zip

33012

Country

3. Mailing Office Address

4160 W. 16 AVE

Suite, Apt. #, etc.

#209

City & State

Hialeah, FL

Zip

33012

Country

REINSTATEMENT 08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650363880

☐ 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

PEDRO LUIS PEREZ - Trustee -

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

5372 WEST 24th COURT

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

☒ 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

*Pedro Luis Perez - Trustee*  
REGISTERED AGENT MUST SIGN

Date NOV-25-08

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
Trus	PEDRO LUIS PEREZ	5372 WEST 24th Ct	Hialeah, FL. 33016.

000138442610  
12/04/08--01041--003 \*\*150.00

JC 11/26

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:

*Pedro Luis Perez - Trustee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/08. 821-1277  
Daytime Phone #

(305)