

APPLICATION
FOR *AS*
REINSTATEMENT



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN-3 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 942000013408

1. Corporation Name

1. Corporation Name
FAITH-MORTGAGE COMPANY-AND-
INVESTMENTS INC

Principal Place of Business

Mailing Address

13000 NE 12 AVE
NORTH MIAMI FL 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below. -

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

SP

5. FEI Number

Applied For	
Not Applicable	

6. 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	JULIET DE LA FE	13000 NE 12 AVE NORTH, MIAMI, FL 33161	
SEC	JULIET DE LA FE	13000 NE 12 AVE NORTH MIAMI, FL 33161	
TREAS	JULIET DE LA FE	13000 NE 12 AVE	NORTH MIAMI, FL 33161
			4000003096664--8
			-01/12/00--01093--016
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

GEORGE R. DELAFE
16590 NW 5CT
LEMBROKE PINES, FL
33028

9. Name and Address of New Registered Agent

Name JULIET DE LA FE	
Street Address (P.O. Box Number is Not Acceptable) 1300 NE DAVE	
Suite, Apt. #, Etc. NORTH MIAMI	
City NORTH MIAMI	State FL

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

REGISTERED AGENT MUST SIGN

Date 12-7-97

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

-Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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 #

305-899-1024