

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002021

1 Corporation Name

TRANS-MUTUAL MORTGAGE BANKERS, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 5:10

Principal Place of Business

Mailing Address

5040 N.W. 7TH ST. STE 700
MIAMI, FL. 33126

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

3450 SW. 143rd COURT
MIAMI, FL.
33175 Dade.

4 Date Incorporated or Qualified
To Do Business in Florida

01/06/1993

5 FEI Number

65-0381246

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

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
D	GUSTAVO BENGACHEA JR.	3450 SW. 143rd COURT	MIAMI, FL. 33175
D	GUSTAVO BENGACHEA SR.	5825 COLLINS AVE. APT 10-B	MIAMI BEACH, FL. 33140

900003020163-4
-10/21/99--01010-011
****750.00 ****750.00

10/10/99

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

GUSTAVO BENGACHEA SR.
5825 COLLINS AVE. APT. 10-B
MIAMI BEACH, FL 33140

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 10/8/99 -

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99 307-864-8904

Date

Daytime Phone #

CRCE081 (12/98)