

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 SEP 27 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 19300005133

1. Corporation Name

National Mortgage of South Florida, Inc.

500008081755--9
-09/27/02--01065--013
***1650.00 ***1650.00

2. Principal Office Address

7522 Wiles Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Zip

33067

Country

USA

Zip

Country

REINSTATEMENT 96-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0538758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edward B. Cohen

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

54 SW Boca Raton Boulevard

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

Edward B. Cohen

Date

9/13/02

REGISTERED AGENT MUST SIGN

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
P/D	Grant Richards	7522 Wiles Road, Ste. 210	Coral Springs, FL 33067

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 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:

GRANT RICHARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/2002

Date

954-3453696

Daytime Phone #