

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P93000067455**

1. Corporation Name

FIRST AMERICAN TRUST MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

1470 N.W. 107TH AVE.
SUITE C
MIAMI FL 33172

1470 N.W. 107TH AVE.
SUITE C
MIAMI FL 33172

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

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	4 City / State / Zip
D	FAMADA, MARIO	1470 N.W. 107TH AVE. #C	MIAMI FL 33172

400003063984--9
-12/08/99-01026-007
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAMADA, MARIO
1470 N.W. 107TH AVE.
SUITE C
MIAMI FL 33172

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

REQUIRED

Date

11/23/99

REGISTERED AGENT MUST SIGN

11. 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

10-12-1999

Date

305-493-0817

Daytime Phone #

FILED

99 NOV 29 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1993

SP

5. FEI Number

65-0494483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 607.0605, F.S. for required
information.

CR23540 (8/99)