

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P93000086229

1. Corporation Name

**Equity Financial Mortgage
Group Inc.**

2. Principal Office Address

5901 NW 151 ST

Suite, Apt. #, etc.

211

City & State

MIAMI LAKES FL

Zip

Country

33014 USA

3. Mailing Office Address

5901 NW 151 ST

Suite, Apt. #, etc.

211

City & State

MIAMI LAKES FL

Zip

Country

33014 USA

REINSTATEMENT

01.02

**4. Date Incorporated or Qualified
To Do Business in Florida**

93

5. FEI Number

65-0787354

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

GIOVANNA SCHMIDT

500004845035-2

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

8841 NW 189 Terr

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33018

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

Giovanna Schmidt

REGISTERED AGENT MUST SIGN

Date

1/24/02

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
D	VANONI-SCHMIDT GIOVANNA	5901 NW 151 ST Suite 211	MIAMI LAKES FL 33014
D	SCHMIDT JACQUES P.	5901 NW 151 ST Suite 211	MIAMI LAKES FL 33014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giovanna Schmidt

Date

1/24/02 (305) 824 0420

Daytime Phone #

CR2E081 (9/01)