

JAN-28-2000 14:23

EMPIRE CORP  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

305 541 3770 P.02/02

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



DOCUMENT # **P930000088356**  
Corporation Name **South Florida Mortgage Consultants, Inc.**

Principal Place of Business Mailing Address  
**3499 Biscayne Boulevard  
Tower Suite 2  
North Miami, FL 33181**  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 99-00**

DO NOT WRITE IN THIS SPACE

New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>12/93</b>	
Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0463310</b>	
City & State		City & State		Applied For Not Applicable	
Country		Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75. Additional Fee required for a Certificate of Status.	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
2	<b>DANIEL S. FLIETSTRA</b>	<b>220 LAKEVIEW BLVD #204</b>	<b>FT. LAUDERDALE, FL 33326</b>
3			
4			

**000003130090--9**  
**-02/09/00--01099--003**  
**\*\*\*308.75 \*\*\*308.75**

8. Name and Address of Current Registered Agent <b>DANIEL S. FLIETSTRA</b> <b>13499 BISCAYNE BLVD. #TS2</b> <b>NORTH MIAMI, FL 33181</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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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 Date **1/27/00**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CS25040 (1295)