

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 24 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027035**

1. Corporation Name

**SIMPLIFIED MORTGAGES AND INSURANCE AGENCY, INC.**

Principal Place of Business

2711 W SUNRISE BLVD SUITE 4  
FT LAUDERDALE FL 33311

Mailing Address

2711 W SUNRISE BLVD SUITE 4  
FT LAUDERDALE FL 33311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/1994

5. FEI Number

65-0488253

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROBINSON, DANEIL E	2711 W SUNRISE BLVD SUITE 4	FT LAUDERDALE FL 33311
STD	ROBINSON, CONNIE	2711 W SUNRISE BLVD SUITE 4	FT LAUDERDALE FL 33311
VD	DAVIS, JEFFREY	2710 SOMERSET DR	LAUDERDALE FL 33311
VP	ROBINSON, MARUICE A	2711 W SUNSHINE BLVD, SUITE 4	FT LAUDERDALE FL 33311

600008579576  
10/24/02--01107--002 \*\*750.00

8. Name and Address of Current Registered Agent

ROBINSON, DANIEL E  
2711 W SUNRISE BLVD SUITE 4  
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Daniel E Robinson*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

*Daniel E Robinson*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

954-583-1500