

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000033808

1. Corporation Name

Pay Less Mortgage Corporation

Principal Place of Business

419 West 49th Street  
Suite 103  
Hialeah, Florida 33012

Mailing Address

419 West 49th Street  
Suite 103  
Hialeah, Florida 33012

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

2. New Principal Office Address, If Applicable

419 West 49 Street

Suite, Apt. #, etc.

Suite 103

City & State

Hialeah, Florida

Zip

33012

Country

USA

3. New Mailing Address, If Applicable

419 West 49 Street

Suite, Apt. #, etc.

Suite 103

City & State

Hialeah, Florida

Zip

33012

Country

USA

FILED  
97 FEB -4 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

mwB

96

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/94

5. FEI Number

65-0722057

☒ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.T.D.	Pedro F. Hernandez	419 West 49 St., Ste. 103	Hialeah, Florida 33012
V.S.D.	Mercedes S. Hernandez	419 West 49 St., Ste. 103	Hialeah, Florida 33012

200002080582--4  
02/06/97-01106-013  
\*\*\*383.75 \*\*\*383.75

8. Name and Address of Current Registered Agent

Richard Gonzalez, Esq.  
1051 West 29 Street, Suite 3  
Hialeah, Florida 33012

9. Name and Address of New Registered Agent

Name

Mercedes S. Hernandez

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

419 West 49 Street

Suite, Apt. #, Etc.

Suite 103

City

Hialeah

State

FL

Zip Code

33012

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.

Signature of  
Registered Agent

Mercedes S. Hernandez

Date 01/30/97

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.

SIGNATURE: Mercedes S. Hernandez

01/30/97

(305) 823-2750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)