

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 DEC 29 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061140

1. Corporation Name SOUTH EQUITY MORTGAGE CORPORATION
551 N.W. 77th Street
Suite 104
Boca Raton, Florida 33487

Principal Place of Business Mailing Address
551 N.W. 77th Street - Ste. 104
Boca Raton, Florida 33487

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

2. New Principal Office Address, If Applicable
551 N.W. 77th Street

Suite, Apt. #, etc.
104

City & State
Boca Raton, FL

Zip Country
33487 Palm Beach

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida August 12, 1994

5. FEI Number
65-0511489

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/D	M. Edward Triefler	2235 Spring Harbor Dr. Apt. 10	Delray Beach, FL 33445

100002391161--2
-01706798--01069--026
****823.75 ****923.75

REINSTATEMENT 96-97

A. Alan
12/30/97

8. Name and Address of Current Registered Agent

M. Edward Triefler
551 N.W. 77th St. Ste. 104
Boca Raton, FL 33487

9. Name and Address of New Registered Agent

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 607.0505, F.S.

Signature of
Registered Agent M. Edward Triefler
REGISTERED AGENT MUST SIGN

Date December 26, 1997

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 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: M. Edward Triefler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/97 561 995-0232
Date Daytime Phone #

CR2E040 (12/96)