

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

REINSTATEMENT 1996

DOCUMENT # P95000005490

1. Corporation Name

HAIGHT-ASHBURY MORTGAGE CORP.

Principal Place of Business

Mailing Address

45 SE 6TH AVE.
FT LAUDERDALE FL 33301

45 SE 6TH AVE --
FT LAUDERDALE FL 33301 --

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

2. New Principal Office Address, If Applicable

827 NE 20TH AVE.

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

827 NE 20TH AVENUE

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

BROWARD, USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1995

5. FEI Number

65-0549859

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	HAIGHT, GAIL	XXXXXXXXXX 827 NE 20TH AVE.	FT. LAUDERDALE FL 33301 33304

400002802814-4
-11/13/96--01096--023
***375.00 ***375.00

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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 Laura R. Dunlap as agent for Corporation Service Company

Date 9-23-96

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 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:

GAIL A. HAIGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-96

954-766-9926

Date

Daytime Phone #