

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32310
904-222-9171
904-222-0393 FAX

CSC networks

800-342-8086

95 JAN 20 PM 5:15
DIVISION OF CORPORATION

MAIL TO:
P.O. Box 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 528104 9206A

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 70.00

ORDER DATE : January 20, 1995

ORDER TIME : 12:23 PM

ORDER NO. : 528104

700001386177

CUSTOMER NO: 9206A

CUSTOMER: Ms. Cindy Reilly
SHARI B. OLEFSON, P.A.

15 Southeast 9th Avenue

Ft. Lauderdale, FL 33301

DOMESTIC FILING

P95000005490

NAME: HAIGHT-ASHBURY MORTGAGE
CORP.

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

DM
1-23-95
01

FILED
95 JAN 20 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
HAIGHT-ASHBURY MORTGAGE CORP.

FILED
95 JAN 20 AM 8 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

HAIGHT-ASHBURY MORTGAGE CORP.

The address of the principal office of this corporation shall be 15 Southeast 9th Avenue, Ft. Lauderdale, Florida 33301, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$100.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Gail Haight	15 Southeast 9th Avenue
Dir./Pres./Sec./Treas.	Ft. Lauderdale, Florida 33301

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of
Corporation Information Services, Inc., has hereunto set
their hand and seal of Corporation Information Services,
Inc., on January 20, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: *Gail Shelby*
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida
corporation authorized to transact business in this
State, having a business office identical with the
registered office of the corporation named above, and
having been designated as the Registered Agent in the
above and foregoing Articles, is familiar with and
accepts the obligations of the position of Registered
Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: *Gail Shelby*
Its Agent, Gail Shelby

AHH/dks

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT 1996

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000005490**
1. Corporation Name
HAIGHT-ASHBURY MORTGAGE CORP.

Principal Place of Business
**45-66-0TH AVE.
FT LAUDERDALE FL 33304**
Mailing Address
**45-66-0TH AVE.
FT LAUDERDALE FL 33304**

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**

3. New Mailing Office Address, If Applicable
**827 NE 20TH AVENUE
Suite, Apt. #, etc.
City & State
FT. LAUDERDALE, FL
Country
USA
Zip
33304**

4. Date Incorporated or Qualified
To Do Business in Florida
01/20/1985

5. FEI Number
65-0549859

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
XXXXXX
827 NE 20TH AVE.
FT. LAUDERDALE FL 33304

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
REGISTERED AGENT MUST SIGN
Date
9-23-96

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

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

Date
9-23-96
Daytime Phone #
954-766-9926