

P95000007105

MASTER'S REALM INC.

Suite 203, 7257 NW 4th Blvd. Gainesville, FL. 32607

Email: 102371.3354@compuserve.com

(See our homepage on the web at - <http://home.sprynet.com/sprynet/nawca>)

09/18/96

FILED
97 JAN -3 AM 8:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

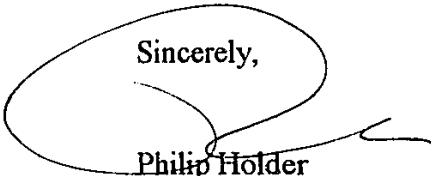
Attn.: Florida Department of State
Division Of Corporations

To Whom It May Concern:

Dear Sir or Madam,

Effective immediately, Master's Realm Inc. is withdrawing as a Florida Corporation. We will no longer be operating in the state of Florida. We have moved out of state and have changed our domicile. Please adjust your records to reflect this change.

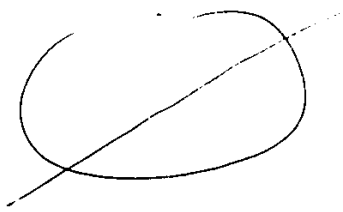
Sincerely,


Philip Holder
President

State of Florida Articles of Incorporation Number: P95000007105
Filed on January 23, 1995

VS JAN 15 1997

Uldis



ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Master's Realm, Inc.

SECOND: The articles of incorporation were filed on: JAN 23, 1995

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 17 day of Dec., 1996.

Signature



(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Philip Holder

(Typed or printed name)

President

(Title)

FILED
97 JAN -3 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN -9 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007789

1 Corporation Name

ADVANTAGE FINANCIAL MORTGAGE CORP.

Principal Place of Business

Mailing Address

2301 W SAMPLE RD
SUITE 9-B BLDG 2
POMPANO BEACH FL 33073

2301 W SAMPLE RD
SUITE 9-B BLDG 2
POMPANO BEACH FL 33073



REINSTATEMENT

10 96-97

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

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

01/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

Applied For

City & State

City & State

65-0552148

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

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

1 Titles	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
P	JOHNSON, DONNA	2301 W SAMPLE RD SUITE 9-B BLDG	POMPANO BEACH FL 33073
S	HICKS, KATHLEEN	2301 W. Sample Rd, Suite 9C	Pompans Beach, FL 33073

9000002057839--0

01/14/97--01168--010

***915.00 ***915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, DONNA
2301 W SAMPLE RD
SUITE 9-B BLDG 2
POMPANO BEACH FL 33073

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Donna Johnson

REGISTERED AGENT MUST SIGN

Date 1-6-97

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 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)(f), 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:

Donna Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 954-970-7400

Date

Daytime Phone #