PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham \* FÖR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS P95000007749 DOCUMENT # 99 FEB 25 11 3:20 1. Corporation Name TALLAMASCALLA LORIDA ALL AMERICAN MORTGAGE OF SOUTH FLORIDA CORP. Maring Address Principal Place of Business 770 PONCE De LEON PONCE DE LEON 770 # 101 #101 Corni 6ables, FL 33134 COTAL 69 bilds, FL 33154 COTAL 60 bilds, FL 33134 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address. If Applicable Date Incorporated or Qualified To Do Business in Florida 1-30-1995 Suite, Apt. #, etc Suite, Apt #, etc 5. EEI Number 65-056 1185 City & State Cily & State Ζıp Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors 770 PONCE DE LEON #101 HERRERA PVST 33134 Coral babbs, the 33134 ..... STATEMENT 98-99 13 2/25/99 800002799278--5 -03/03/33--01056--005 \*\*\*\*900.00 \*\*\*\*900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name brace Herrera Street Address (P.O. Box Number is Not Acceptable) 770 PONCE Suite Apt #, Etc # 101 State | Zip Code bables familiar with and accept the obligations of Section 607.0505, F.S. Date x 2/24/99 Signature of Registered Agent This corporation owes or has paid the current year (See other side for information Yes 🗀 on intangible tax ) Intangible Personal Property tax due June 30. 12. Loerlify that Lam 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)(t), 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 \$ 2/24/94 305-476-8393