

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

DOCUMENT # P95000013839

1. Corporation Name

COLONIAL FIRST MORTGAGE SERVICES, CORP.

Principal Place of Business

Mailing Address

18651 SW 39TH COURT
MIRAMAR FL 33029

18651 SW 39TH COURT
MIRAMAR FL 33029



REINSTATEMENT

03

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

02/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0565711

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CASTRO, MARIA	18651 SW 39TH COURT	MIRAMAR FL 33029

400024654054
11/14/03--01004--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIPSON, SAUL B
1515 UNIVERSITY DRIVE, SUITE 222
CORAL SPRINGS FL 33071

Name

MARIA CASTRO

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

18651 SW 39 COURT

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/12/03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/03

Daytime Phone #

CR2040 (7/03)

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COLONIAL FIRST MORTGAGE SERVICES, CORP.
18651 SW 39 COURT
MIRAMAR, FL 33029
(954) 914-8463 fax-(954) 438-0778


FLORIDA DEPT OF STATE -
DIVISION OF CORPORATIONS

RE: P95000013839

It recently came to our attention that our corporation had been dissolved. We never received any prior UBR notices for 2003 and therefore ask that you waive the \$600.00 Penalty. Enclosed is the \$150.00 fee for the report.

Please call me if you have any questions.

Sincerely,



Maria Castro
President