

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

98 FEB -6 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000029483**
1. Corporation Name
FIRST SERVICE MORTGAGE CORPORATION

Principal Place of Business
1225 S.W. 87TH AVENUE
MIAMI FL 33174

Mailing Address
1225 S.W. 87TH AVENUE
MIAMI FL 33174



REINSTATEMENT 97-98

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 | |
| Suite, Apt. #, etc. 11255 SW 29 ST | | Suite, Apt. #, etc. 11255 SW 29 ST | | 04/14/1995 | |
| City & State MIAMI FLORIDA | | City & State MIAMI FL | | 5. FEI Number 65-0578514 | |
| Zip 33165 | | Country Dade | | Applied For Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | | | \$3.75 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|------------------------|
| D | FAMADA, MARIO | 1225 S.W. 87TH AVENUE | MIAMI FL 33174 |
| D | Lilia Famada | 11255 SW 29 ST. | MIAMI, FL 33165 |
| | | | 2/10/98 |
| | | | 100002428151--0 |
| | | | --02/11/98--01099--007 |
| | | | ***585.00 ***585.00 |
| | | | 100002428151--0 |
| | | | --02/11/98--01099--008 |

8. Name and Address of Current Registered Agent

FAMADA, MARIO
1225 S.W. 87TH AVENUE
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name
LILIA FAMADA
Street Address (P.O. Box Number is Not Acceptable)
11255 SW 29 ST.
Suite, Apt. #, Etc.
MIAMI
City
State
Zip Code

FL 33165

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
Lilia Famada
REGISTERED AGENT MUST SIGN

Date
12-31-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

LILIA FAMADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
12/31/97 (305)

Daytime Phone

CR25040 (8/97)