

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 22 AM 8:00

REINSTATEMENT 03-04

DOCUMENT # P95000035355

1. Corporation Name

RESULTS MORTGAGE SERVICES, CORP.

2. Principal Office Address

290 N.W. 183RD ST

Suite, Apt. #, etc.

3. Mailing Office Address

290 N.W. 183RD ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33169

Country

DADE

Zip

33169

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0578427

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DILLARD, PATRICIA

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

290 N.W. 183RD STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33169

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Patricia Dillard
REGISTERED AGENT MUST SIGN

Date

04/20/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DILLARD, PATRICIA	290 N.W. 183RD ST	MIAMI, FL

10. 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

Patricia Dillard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA DILLARD

Date

4/20/04

Daytime Phone #

305-770-1199

CR2E081 (01/04)