PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
96 NOV 13 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039884

1. Corporation Name
MORTGAGE EXECUTIVES INC
5253 DENVER ST NE
ST PETERSBURG FL 33703

Principal Place of Business
8846 4TH ST N
ST PETERSBURG FL
33702

Mailing Address
5253 DENVER ST NE.
ST PETERSBURG
FL
33703

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

REINSTATEMENT 96 CD
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: MAY 19 1995

5. FEI Number: 59 3315128 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES SEC TREA	WILLIAM J. CAGGIANO	5253 DENVER ST NE	ST PETERSBURG FL 33703

600002007326--2
-11/19/96--01008--011
****375.00 ****375.00

8. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL
DBA AMERILAWYER
343 ALMERIA
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent
Name: WILLIAM J CAGGIANO
Street Address (P.O. Box Number is Not Acceptable): 5253 DENVER ST NE
Suite, Apt. #, Etc.:
City: ST PETERSBURG State: FL Zip Code: 33703

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: _____ Date: 11-12-96
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ 11-12-96 813 570 4114
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)