

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000057625

1. Entity Name
MORTGAGECORPORATE, INC.



FILED

08 AUG 27 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

544 W CENTRAL BLVD
ORLANDO, FL 32801 US

Mailing Address

544 W CENTRAL BLVD
ORLANDO, FL 32801 US

2. Principal Place of Business - No P.O. Box #

ONE PURLIEU PLACE
Suite, Apt. #, etc. 1160

3. Mailing Address

P.O. Box 574993
Suite, Apt. #, etc.



REINSTATEMENT 07-08
081320083 REIN-P CR2E098 (1/07)

City & State

Winter Park FL

City & State

Orlando FL

4. FEI Number

65-0594778

Applied For

Not Applicable

Zip

32742

Country

Summer 12

Zip

32857

Country

Orange

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CENTRAL FLORIDA FINANCIAL SVC-LLC
60 S SEMORAN BLVD
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name

Sam Patel

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

ONE PURLIEU PLACE Suite 121

City

Winter Park

FL

Zip Code

32792

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/12/08
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PTD ☒ Delete
NAME GARCIA, SERAFIN JR
STREET ADDRESS 11012 SYVAIN POND
CITY-ST-ZIP ORLANDO, FL 32825

TITLE VPS ☐ Delete
NAME OLIVENCIA, DAVID
STREET ADDRESS P.O. BOX 574993
CITY-ST-ZIP ORLANDO, FL 328574993

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME SAMI PATEL
STREET ADDRESS ONE PURLIEU PLACE Suite 121
CITY-ST-ZIP WINTER PARK FL 32792

TITLE VPS ☒ Change ☐ Addition
NAME David Olivencia
STREET ADDRESS P.O. Box 574993
CITY-ST-ZIP Orlando FL 32857-4993

TITLE REC ☐ Change ☒ Addition
NAME Elizabeth Olivencia
STREET ADDRESS P.O. Box 574993
CITY-ST-ZIP Orlando FL 32857-4993

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/08 407
Date Daytime Phone #



LDL Accountants & Associates, CPA's LLC

222

To: Mrs. Kathy Ashton
2661 Executive Center Circle
Tallahassee, FL 32301
Clifton Building

Re: MORTGAGECORPORATE, INC
Document # P95000057625
PO Box 574993
Orlando, FL 32857-4993

Dear Mrs. Kathy Ashton:

This letter is in reference to the above named corporation, we are pleading with your division to please reinstate our filing, due to the fact that we never received the documents and the listed address with your office has been closed since Feb. 2007 due vandalism of the premises.

Furthermore the person in charge named, Serafin Garcia was gravely ill in the hospital for various months during 2007 and 4 months in 2008, therefore not having the opportunity to file any documents for the said corporation, inclusive the tax returns for those years as well.

I David Olivencia have taken over the corporation and will be filing all documents with in its respective dates to maintain our record in compliance. We ask that you to grant this opportunity and reinstate the corporation to legally do business in the state of Florida and obtain our license with division of financial services as well.

Sincerely;

David Olivencia

Orlando Office

5575 S Semoran Blvd Suite 3
Orlando FL 32822
Office 407-207-5509
Fax 407-207-5589

Mailing Address

PO Box 574993
Orlando, FL 32857-4933

Kissimmee Office

3393 W Vine Street Suite 302
Kissimmee, FL 34741
Office 407-483-0853
Fax 407-483-1197

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