

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



99 AR  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN -2 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000077275

1. Corporation Name  
CAPITAL HOME LOAN MORTGAGE CORP.

Principal Place of Business  
C/O MR. CARLOS REYES  
10689 N. KENDALL DR. #307  
MIAMI FL 33176  
US

Mailing Address  
C/O MR. CARLOS REYES  
10689 N. KENDALL DR. #307  
MIAMI FL 33176  
US



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 10/09/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0620950	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	REYES, CARLOS	2408 SW 23RD ST	MIAMI FL 33145

300002392733-5  
-01/07/98--01069--018  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

REYES, CARLOS  
2408 SW 23RD ST  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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 *Carlos Reyes*  
REGISTERED AGENT MUST SIGN

Date 10/24/97

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 *Carlos Reyes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/97 (305) 596-6399  
Date Daytime Phone #

CR2EDM (9/97)