

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

97 FEB 19 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P456008777

1. Corporation Name

A + MORTGAGE CORP.

Principal Place of Business

1110 BRICKELL AVE  
MIAMI, FL 33131  
STE. 315

Mailing Address

1110 BRICKELL AVE  
MIAMI, FL 33131  
STE. 315

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Address, If Applicable

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

City & State

SAME

Zip

SAME Country

Zip

SAME Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/95

5. FEI Number

65-0620837

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

See Application Fee required  
to a certificate of status.

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
<u>P/S</u>	<u>ALVARO ARGUELLO</u>	<u>1110 BRICKELL AVE</u> <u>MIAMI, FL 33131</u> <u>STE. 315</u>	<u>MIAMI, FLORIDA</u> <u>33131</u> <u>STE. 315</u>

200002092952--5  
-02/20/97--01030--014  
\*\*\*923.75 \*\*\*923.75

**REINSTATEMENT**

96-97

2/19/97

8. Name and Address of Current Registered Agent

C. DENNIS ROSE, ESQ  
1450 MADRUGA AVE STE. 200  
CORAL GABLES, FL 33146

9. Name and Address of New Registered Agent

Name

N/A

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

N/A

Suite, Apt. #, Etc.

N/A

City

N/A

State

FL

Zip Code

N/A

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2.13.97

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:

[Signature]

ALVARO ARGUELLO

2.13.97

305.

371.0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/95)