

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV -6 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 96000006589

1. Corporation Name

AMERICAN MORTGAGE EXCHANGE CORPORATION
Corp number 96000006589

Principal Place of Business

Mailing Address

2169 N 14th Ave
Hollywood FL 33020

2169 N 14th Ave
Hollywood, FL
33020

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

2. New Principal Office Address, If Applicable

2221 NE 202 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2221 NE 202 Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/96

5. FEI Number

65-060583

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
President	JACK Bernholz	2221 NE 202 Street	North miami Beach, FL 33180

REINSTATEMENT 97-98

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11/13/98--01031--008
***900.00 ***900.00

8. Name and Address of Current Registered Agent

Robert H Dolmen
2169 N 14th Ave
Hollywood, FL 33020

9. Name and Address of New Registered Agent

Name
Wendy Wallberg Wallberg + Renzy P A
Street Address (P.O. Box Number is Not Acceptable)
10100 WEST Sample Rd
Suite, Apt. #, Etc.
311
City
Coral Springs
State
FL
Zip Code
33065

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

REGISTERED AGENT MUST SIGN

Date 9-1-98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/98 954-757-1212
Date Daytime Phone #