

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 10:05

DOCUMENT # P96000027544

1. Corporation Name

AMFED MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

420 E. HIGHWAY 434
LONGWOOD FL 32750

420 E. HIGHWAY 434
LONGWOOD FL 32750



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1996

5. FEI Number

39-3368462

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PANDOLFI, JAMES	411 MONTICELLO DR	ALTAMONTE SPRINGS FL 32701
V	POLLAK, ALEXANDER	11 ESCANDIDO CIR	ALTAMONTE SPRINGS FL 32701
C	HENDRICKSON, COLLINS	1467 DEER LAKE CIR	APOPKA FL 32712
			100004649281--4 -10/23/01--01015--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ENGLEHARDT, JOHN C
1524 E LIVINGSTON STREET
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name JAMES PANDOLFI
Street Address (P.O. Box Number is Not Acceptable)
411 MONTICELLO DR
Suite, Apt. #, Etc.
ALTAMONTE SP, FL 32701
City ALTAMONTE SPRINGS State FL Zip Code 32701

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/11/01

11. 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

Date

Daytime Phone #

10/11/01 407-260-1015

CR2E040 (8/01)