

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 DEC -4 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058506

1. Corporation Name

1ST SECURITY MORTGAGE BANC, INC.

Principal Place of Business

4111 THOMAS STREET
HOLLYWOOD FL 33021

Mailing Address

4111 THOMAS STREET
HOLLYWOOD FL 33021



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

2. New Principal Office Address, If Applicable

Ainsley Smith
Suite, Apt. #, etc.
20220 N.W. 3 AVE.
City & State
MIAMI FL
Zip
33169 Country
DADE

3. New Mailing Office Address, If Applicable

1ST Security Mtg Banc
Suite, Apt. #, etc.
1111 KANE CONDO SE
City & State
Bay Harbor Islands
Zip
33154 Country
DADE

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1996

5. FEI Number

65-0684829

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	SMITH, AINSLEY	4111 THOMAS STREET	HOLLYWOOD FL 33021
			100002368651-1
			-12/10/97-01106-002
			****758.75 ****758.75

REINSTATEMENT

G. Alan

8. Name and Address of Current Registered Agent

SERFATY, CHARLES S
4330 SHERIDAN STREET
SUITE 202B
HOLLYWOOD FL 33021

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

Ainsley Smith Charles Serfaty

Date 11/30/97

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:

Ainsley Smith Ainsley Smith

11/30/97

(305) 868-0886

CR2E040 (8/97)