

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 FEB 11 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058506

1. Corporation Name

1ST SECURITY MORTGAGE BANC, INC.

Principal Place of Business

Mailing Address

1111 KANE CONCOURSE
502
BAY HARBOR ISLAND FL 33154

1111 KANE CONCOURSE
502
BAY HARBOR ISLAND FL 33154

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

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PCEO	SMITH, AINSLEY	20220 NW 3 AVE	MIAMI FL 33169

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 Ainsley Smith
Street Address (P.O. Box Number is Not Acceptable)
1111 Kane Concourse #502
Suite, Apt. #, Etc.
City Bay Harbor Island State FL Zip Code 33154

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
REGISTERED AGENT MUST SIGN

Date

02/10/00

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:

Ainsley Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/10/00 (505) 868-0886

REINSTATEMENT

CR2E040 (8/99)