

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Nothman
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 18 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000065155

1. Corporation Name

A-1 MORTGAGE NETWORK, INC.

Principal Place of Business

Mailing Address

9000 SHERIDAN ST., STE 173
PEMBROKE PINES, FL 33024

9000 SHERIDAN ST., STE 173
PEMBROKE PINES, FL 33024

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

4. Date Incorporated or Qualified
To Do Business in Florida

8-02-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0688656

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Pres.	ELIZABETH RADSON	9000 SHERIDAN ST., STE 173	PEMBROKE PINES, FL 33024

600002621466--2

08/20/98-01092--001

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELIZABETH RADSON
9000 SHERIDAN ST., STE 173
PEMBROKE PINES, FL 33024

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

REGISTERED AGENT MUST SIGN

Date 8-14-98

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., the 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:

Elizabeth Radson

ELIZABETH RADSON

Date

8-14-98

Daytime Phone #

2

A-1 MORTGAGE NETWORK, INC.

Licensed Mortgage Brokerage Business

9000 Sheridan St., Pembroke Pines, FL 33024

(954) 430-9121

FAMB

NAMB

August 14th, 1998

Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement

To whom it may concern:

We did not receive the renewal form to renew our corporation. We became aware of this fact when one of our investors recently notified us.

We have problems receiving our mail, and we have contacted our local Post Office and have notified them of this problem repeatedly. Somehow the carriers do not read the suite numbers and because of this we have received other mail for other suite's. We have also notified our landlord of the mail problem.

please waive and excuse any late fees and /or delinquent fees in renewing our corporation.

Thank you for your time and cooperation.

Sincerely,

A-1 Mortgage Network, Inc.

Elizabeth Radson

Elizabeth Radson
President