

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P96000065155**

1. Corporation Name

A-1 MORTGAGE NETWORK, INC.

Principal Place of Business

**90000 WEST SHERIDAN STREET STE 173
PEMBROKE PINES FL 33024**

Mailing Address

**90000 WEST SHERIDAN STREET 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

5730 SHERIDAN ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL 33021

City & State

Zip

33021

Country

USA

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business In Florida

08/02/1996

5. FEI Number

65-0688656

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	4 City / State / Zip
P	RADSON, ELIZABETH	90000 WEST SHERIDAN STREET STE 173 5730 SHERIDAN ST.	PEMBROKE PINES FL 33024 HOLLYWOOD, FL 33021

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**RADSON, ELIZABETH
90000 WEST SHERIDAN STREET STE 173
PEMBROKE PINES FL 33024**

Name

ELIZABETH RADSON

Street Address (P.O. Box Number is Not Acceptable)

5730 SHERIDAN ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

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:

Elizabeth Radson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH RADSON

10.29.99

Date

954-964-6610

Daytime Phone #

CR2ED040 (8/99)

A-1 MORTGAGE NETWORK, INC.

Licensed Mortgage Brokerage Business

5730 Sheridan St., Hollywood, FL 33021

(954) 964-6610

FAMB

NAMB

October 19th, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Document No. P96000065155

To whom it may concern:

Enclosed is our 2nd check in the amount of \$150.00 for the annual report.

We mailed in our form and our 1st check on April 25, 1999 from the Main Facility Post Office in Pembroke Pines, Florida. In previous years, we have done the same, and of course not hearing from you if you received our form and check. We were surprised when we received your reinstatement letter and form.

Please accept our check and our apologies, and please acknowledge receipt of this form and check.

Thank you for your time and cooperation.

Sincerely,

A-1 Mortgage Network, Inc.

Elizabeth Radson

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