

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 13 AM 11:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **996000065155**

1. Corporation Name

A-1 MORTGAGE NETWORK, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200024633782
11/13/03--01025--018 **500.00

200024633782
11/13/03--01025--019 **500.00

2. Principal Office Address

4650 S.W. 126th Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Southwest Ranches, FL

City & State

Zip

33330

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08-05-96

5. FEI Number

650688656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Enma Elizabeth Radson

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

4650 S.W. 126th Ave

Suite, Apt. #, Etc.

City

Southwest Ranches

State
FL

Zip Code

33330

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-7-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Enma Elizabeth Radson	4650 SW. 126th Ave.	Southwest Ranches, FL 33330

10. 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

11-07-03

Date

954-434-1455

Daytime Phone #

CR2E081 (10/02)