


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000071613		
1. Entity Name FLAGLER/G.R.B. MORTGAGE INC.		

FILED

08 DEC 10 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8461 LAKE WORTH ROAD SUITE 133 LAKE WORTH, FL 33467 US	Mailing Address 8461 LAKE WORTH ROAD SUITE 133 TAMARAC, FL 33467 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
REINSTATEMENT 12/10/08 (1/07) 08	
4. FEI Number 65-0689534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

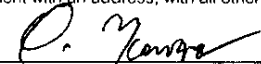
6. Name and Address of Current Registered Agent	
NAVARRO, OSCAR 8461 LAKE WORTH ROAD SUITE 133 TAMARAC, FL 33467	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 12/6/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STV	TITLE	
NAME	NAVARRO, OSCAR	NAME	
STREET ADDRESS	8461 LAKE WORTH ROAD - #133	STREET ADDRESS	600138876526
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	12/10/08--01029--005 **150.00
TITLE	P	TITLE	
NAME	RISCO, RALPH	NAME	
STREET ADDRESS	8461 LAKE WORTH ROAD - # 133	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 12/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	