

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV 23 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078936

1. Corporation Name

FINANCIAL MORTGAGE GROUP, INC.

Principal Place of Business

Mailing Address

C/O ROGER J. WILSON
4 S.E. 6TH AVE.
DELRAY BEACH FL 33483

C/O ROGER J. WILSON
4 S.E. 6TH AVE.
DELRAY BEACH FL 33483

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

09/23/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0693948

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

Delray Bch
33483 USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WILSON, ROGER	2345 N.E. 27TH ST.	LIGHTHOUSE POINT FL 33064

100002702291--1
-12/03/98--01094--020
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, BARBARA
4 S.E. 6TH AVE.
DELRAY BEACH FL 33483

Name Barbara Wilson
Street Address (P.O. Box Number is Not Acceptable)
4 SE 6 Ave
Suite, Apt. #, Etc.

City Delray Bch State FL Zip Code 33483

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

Barbara Wilson

REGISTERED AGENT MUST SIGN

Date

11/19/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See outside 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., 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:

Barbara Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/98
Date

561-272-7300
Daytime Phone #

CR25040 (9/98)

202

FINANCIAL MORTGAGE GROUP, INC.
4 Southeast 6th Avenue
Delray Beach, Florida 33483-5314

November 19, 1998

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, FL 32314-6327

RE: Name of Corporation : Financial Mortgage Group, Inc.
Corporation No : P93000078936

Gentlemen:

Please let this letter inform you that I did not receive the annual report for the above-referenced Florida corporation. I enclose a check in the amount of \$150.00 along with the fully executed Application for Reinstatement. I have been advised by the Division of Corporations that the reinstatement fee of \$750.00 will be waived due to the fact that I had not received the annual report.

Next year I will contact the Division of Corporations by the second week of February if I do not receive the annual report for the above-referenced corporation.

Thank you for your cooperation you extended my corporation in waiving this reinstatement fee.

Very truly yours,



BARBARA WILLSON
Registered Agent
Financial Mortgage Group, Inc.