

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAY 14 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p96000093755**

1. Corporation Name

AC MORTGAGE GROUP, INC.

Principal Place of Business

Mailing Address

**1631 SW 106 Terrace
Davie, FL 33324**

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

PO Box 551588

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Davie, FL

Zip

Country

Zip

Country

33355

Broward

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
P/D	Henry Herrera	1631 SW 106 Terr.	Davie, FL 33324

800002530458-7

-05/20/98-01093-017

*****900.00 ***900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Remberto Cabrera
4011 West Flagler Street
Miami, FL**

Name

Ira C. Hatch, P.A., Ira C. Hatch, Esq.

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

1701 Highway A1A, Suite

Suite, Apt. #, Etc.

Suite 220

City
Vero Beach

State
FL

Zip Code
32963

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

HENRY HERRERA, P/D

Date **May 7, 1998**

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-12-98-954-9160900

CR2E040 (1/96)