

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 DEC -8 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095432

1. Corporation Name

ONE SOURCE MORTGAGE CORP.

Principal Place of Business

Mailing Address

2141 N.E. 51 CT.
EAST APT.
FT. LAUDERDALE FL 33308

PO BOX 5184
EAST APT.
FT LAUDERDALE FL 33310-5184
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1001 W. Cypress Creek Rd.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33309-1950 Country U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1996

5. FEI Number

65-0712397

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
PSTD	PENDAS, TOM	2141 N.E. 51 CT. APT. EAST	FT. LAUDERDALE FL 33308
			800003524508--5 -01/05/01--01021--003 ****900.00 ****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENDAS, TOM
2141 N.E. 51 CT.
EAST APT.
FT. LAUDERDALE FL 33308

Name Tom Pendas
Street Address (P.O. Box Number is Not Acceptable)
1001 W. Cypress Creek Rd.
Suite, Apt. # Etc.
Suite 308
City Fort Lauderdale
State FL Zip Code 33309-1950

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

SIGNATURE REQUIRED

Date 12/4/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-202-5089
X329
12/4/00

CR2E040 (8/99)