

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000095432**

1. Corporation Name

One Source Mortgage Corp.

2. Principal Office Address

2980 W 84 Street

3. Mailing Office Address

6135 NW 174 Ter

Suite, Apt. #, etc

Suite 11

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Miami Lakes, FL

Zip

33018 USA

Zip

33015 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-1997

5. FEI Number

650712397

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

Tom Pendas

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

6135 NW 174 Ter

Suite, Apt. #, Etc.

City

miami lakes

State
FL

Zip Code
33015

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

[Signature]

Date **12-11-03**

REGISTERED AGENT MUST SIGN

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
DPTS	Tom Pendas	6135 NW 174 Ter	Miami Lakes, FL 33015

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-11-03 954-605-8955

Daytime Phone #

10f2

03

CR2E081 (10/02)

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2 of 2

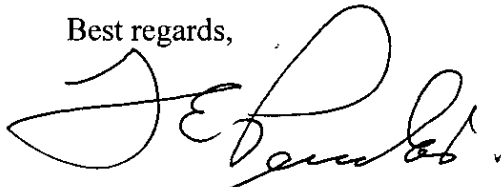
December 11, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am attaching this letter along with the corporate reinstatement form, as requested by the telephone consultant I spoke to in your office today. Your consultant informed that your correspondence was sent to our old office address, which we vacated over a year ago. I apologize for not inquiring about the annual report filling earlier; but my office manager, who had normally prepared these documents for me left our company when we moved and I did not think of it until today when a client informed me that our company appeared inactive in the state website.

Best regards,



Tom Perdas
President

One Source Mortgage Corp.
2980 West 84th Street, Suite 11
Hialeah, FL 33018
786.621.2286 Office
954.605.8155 Mobile