

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

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AND
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98 NOV 16 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098660

1. Corporation Name

TRUP REALTY & MORTGAGE, INC.

Principal Place of Business

Mailing Address

2700 W. ATLANTIC BLVD. SUITE 200-40
POMPANO BEACH FL 33069

7400 W. CYPRESSHEAD DRIVE
PARKLAND FL 33067-2312



REINSTATEMENT

98

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

2. New Principal Office Address, If Applicable

188 N. FEDERAL HWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

188 N. FEDERAL HWY
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1996

5. FEI Number

65-0714154

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WIESENFELD, JACQUELINE ANNE	7400 WEST CYPRESSHEAD DRIVE	PARKLAND FL 33067
			700002692147-1
			-11/19/98-01099-017
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

WIESENFELD, JACQUELINE ANNE
7400 W. CYPRESSHEAD DRIVE
PARKLAND FL 33067-2312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jacqueline Anne Wiesefeld
REGISTERED AGENT MUST SIGN

Date 11/11/98

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:

Jacqueline Anne Wiesefeld
President

11/11/98
(954) 725 7792
Date Daytime Phone #

CR2E040 (8/96)