

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

09 MAR 24 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000001980

1. Corporation Name

Security Mortgage Group, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT

ad

78-991

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

2. New Principal Office Address, If Applicable

6499 Powerline Road

Suite, Apt. #, etc.

Suite 204

City & State

Fort Lauderdale, FL

Zip

33316

Country

Broward

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-08-97

5. FFI Number

65-0720863

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
1	2	3	4
President	Raymond J. Sanchez	6499 Powerline Road Ste 204 Fort Lauderdale, FL 33316 <u>1590 South Ocean Lane #122</u>	<u>Fort Lauderdale, FL 33316</u>

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Raymond J. Sanchez
Street Address (P.O. Box Number is Not Acceptable)
1590 South Ocean Lane #122
Suite, Apt. #, Etc.

City Fort Lauderdale, FL

State FL Zip Code 33316

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]

REGISTERED AGENT MUST SIGN

Date 3/24/99

11. This corporation owes 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 612, 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 sss 607.0401 or 612.0401, 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 sss 607.0401(3)(f), 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

[Signature]

3/8/99

Original Printed

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