

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY -8 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000003062

1. Corporation Name

ACCORD MORTGAGE LENDERS CORP.

2. Principal Office Address

6555 NW 36 ST.

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

117

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33166

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1997

5. FEI Number

65-0718813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

400005575294--9

-05/21/02--01001--001

\*\*\*\*300.00 \*\*\*\*300.00

7. Name and Address of Current Registered Agent

Name

JUAN CARLOS GARCES

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

6555 NW 36 STREET

Suite, Apt. #, Etc.

# 117

City

MIAMI

State

FL

Zip Code

33166

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\*\*\*\*150.00 \*\*\*\*150.00

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

JUAN CARLOS GARCES  
REGISTERED AGENT MUST SIGN

Date

3/14/2002

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
P	JUAN CARLOS GARCES	6555 NW 36 STREET	MIAMI, FL 33166
VP	JUAN CARLOS GARCES	SAME	SAME
T	JUAN CARLOS GARCES	SAME	SAME
S	JUAN CARLOS GARCES	SAME	SAME

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/2001 305-876-9490

CR2E081 (9/00)