PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	<b>APPLICATION</b>
,	APPLICATION FOR
R	<b>EINSTATEMENT</b>



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

FILED

00 MAR 29 PM 2: 41

SECRETARY OF STATE

## **DOCUMENT #** P97000056827

1. Corporation Name								TATE AHASSEE FLORIDA					
Fidelity PLus Mortgage Inc								,	Very			,	
				(1)00	00 -	-10	93	3					
Principal P	tace of Busine	SS	Mailin	g Address			<u> </u>		†				)
1144	0 N Ke	ndall Dr #50	1440 N	440 N Kendall Dr									
#500									REIN	STATEN	aen	JT/	10-N
Miami, FL 33176   Miami, FL 33176							/6		#####WY	DIMILI		412	10° W
		incorrect in any way, line the					tion bel	OW.	4 Date Income	DO NOT WRITE IN	THIS SF	ACE	
				ling Address, if Applicable					Date Incorporated or Qualified     To Do Business in Florida     6 – 27 – 97				
Suite, Apt.	#, etc.		Suite, Apt. #	, etc.					5. FEI Number Applied For				
City & State	e	-	City & State	)					65-0769367 Not Ap				Not Applicable
Zip		Country	Zip		Count	ry			.6 CERTIFICATE	OF STATUS DESIRED			tional Fee required
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo	orida nonprof	it corpor	ations r	nust lis	t at lea	st 3 directors)				
Title(s)	2	and/or Directors					dress on d/or Dit Office	irector		City / State / Zip			
P	Isid	ro Raurell	11440	SW	88	st	#5	00	Miami, FL 33176			76	
VP	Carl	os Gilmore		11440	SW	88	St	#5	00	Miami,	FL	331	76
S	Alex	11440	SW	88	st	#5	Miami, F			331	76		
									41	00003.1 -04/04/0 ***1050	30(	01100	
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent					
Teida	ro Rau				•	Nan	ne	•				·	
		ndall Dr #50	Ū			Stre	et Addr	ess (P	O. Box Number i	s Not Acceptable)			
Miami, FL 33176					Suite, Apt. #, Etc.								
					•						Tax	Terrio	
						City					FL	Zip Co	ode
10. I, being Signature of Registered	f	registered agent of the abo	ve named corporate of the corporate of t	Rau	<u>~e</u>	rith and	accept	the ob	oligations of Section	on 607.0505, F.S. Date			
11. Do De	es this cept. of Re	corporation pay a evenue under S.	ny intanç 199.032,	gible tax Florida	to th Stat	ne utes	. Y	⁄es {	√ No [		other side		ormation (.)
12. I do her lease th	reby certify that ne Division of that I am an of	at the information supplied v Corporations from any liabili- ficer or director or the recei	vith this filing is by of non-compli	voluntarily tu iance with Se	mished ection 11	and do	es not o	quality ne ever	for the exemption nt that the informa provided for in cha	stated in Section 11 ation supplied is deem	9.07(3)(i ned exer i. I furthe	k), Florid npt from er certify	ta Statutes. I re- public access. I that when filing

this reinstatement oplication have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

305 275 9511

Date

Daytime Phone #