

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN 10 AM 8:34

DOCUMENT # P97000082825

1. Corporation Name

CAMBRIDGE MORTGAGE AND LENDERS, INC.

Principal Place of Business

7401 N.E. 8TH COURT  
BOCA RATON FL 33487

Mailing Address

7401 N.E. 8TH COURT  
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06-01-99-90049-032

450.6

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/1997

5. FEI Number

65-092-8515

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	3	City / State / Zip	4
DP		PETRUZZI, CHARLES M		7401 N.E. 8TH COURT		BOCA RATON FL 33487	
STD		PETRUZZI, KATHALEEN J		7401 N.E. 8TH COURT		BOCA RATON FL 33487	
DP		Anthony J. Petruzzi Jr.		7401 N.E. 8TH COURT		Boca Raton, FL 33487	

8. Name and Address of Current Registered Agent

OBRIG, ELWOOD M  
100 S.E. 12TH STREET  
FORT LAUDERDALE FL

9. Name and Address of New Registered Agent

Name  
Anthony J. Petruzzi Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
7401 N.E. 8TH COURT  
Suite, Apt. #, Etc.  
City  
Boca Raton  
State  
FL  
Zip Code  
33487

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 OF REGISTERED AGENT REQUIRED

Date 10/18/99

11. 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

10/18/99 (56) 265-3373  
Date Daytime Phone #