

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000093858

1. Corporation Name

OMEGA MORTGAGE CORP.

Principal Place of Business

Mailing Address

1004 N. ROYAL ST.
KISSIMMEE FL 34744
US

1004 N. ROYAL ST.
KISSIMMEE FL 34744
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3475421

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	VIDAL, GLORIA	429 SEA WILLOW DR. 11476 DARLINGTON DRIVE	KISSIMMEE FL 34743 ORLANDO, FL 32837

000024178550
10/27/03--01118--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. or 617.0505, F.S.

Signature of
Registered Agent

Date 10-14-03

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

10-14-03

CR2E040 (7/03)

Florida Department of State
Division of Corporations

Omega Mortgage Corp., Inc.
1004 N. Royal Street
Kissimmee, FL 34744
Document # P97000093858
EIN: 59-3475421

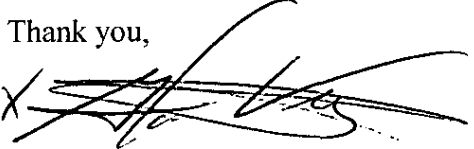
We did not receive and failed to file a timely form UBR for 2003 for Omega Mortgage Corp., Inc. Our staff has been in a state of transition for the first half of 2003 and we were unaware of the filing and deadline requirements of FORM UBR. We have just acquired a new accountant who has informed us that we should have filed this form by 05/01/2003.

I am requesting that the department of state remove the penalty and accept our renewal as is. This was an honest mistake and many steps have been put into place to avoid these errors in the future. We take these filing requirements very seriously and only want to do the right thing.

I would appreciate any assistance in reference to this matter.

If you have any questions, please call Scott P. Long at 407/343-5590 and he will be happy to help you.

Thank you,


Gloria Vidal
Owner