

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000002129**

1. Corporation Name

ALLIANCE FINANCIAL MORTGAGE, INC.

Principal Place of Business

Mailing Address

10130- NORTHLAKE BLVD
112
WEST PALM BEACH FL 33412
US

10130- NORTHLAKE BLVD
112
WEST PALM BEACH FL 33412
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1998

5. FEI Number

65-0802834

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GROSS, SIDNEY	10817 GRANDE BLVD	WEST PALM BEACH FL 33412
S	GROSS, BARBARA	10817 GRANDE BLVD	WEST PALM BEACH FL 33412

800004672768--3
-11/08/01--01061--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROSS, SIDNEY
10817 GRANDE BLVD
WEST PALM BEACH FL 33412

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/19/01**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/19/01**

Daytime Phone # **561-636-6400**

CR2E040 (8/01)

**ALLIANCE
FINANCIAL
MORTGAGE
INC.**

10/19/01

Florida Department of State

Re: P98000002129

Subject: Reinstatement Fee

I have check all my records and find no previous notices or bills from the state in this regard. I am one of these guys who pay's his bills weekly so therefor my company has no debt.

I have moved my office in the last 18 months and maybe the bill has been returned to you but it has **never been received** by my staff or myself.

I am including the normal yearly fee for a profit corporation of \$150. Please allow this to reinstate my corp.

Thanking you in advance,


Sid Gross, Pres.