

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 25 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007348

1. Corporation Name

FINANCIAL PLUS MORTGAGE, INC.

2. Principal Office Address

4801 S. University Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

119-A

Suite, Apt. #, etc.

City &amp; State

Davie, Florida

City &amp; State

Zip

33328

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/22/98

5. FEI Number

650812711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Joel Lavender

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

507 S.E. 11th Court

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

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

REGISTERED AGENT MUST SIGN

Date

9/23/03

## 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
PSD	Ivan Ufret	2890 Luckie Rd.	Weston, Fl. 33331
VTD	Bernard Irizarry	2890 Luckie Rd.	Weston, Fl. 33331

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:

IVAN UFRET

9/23/03

954-920-3383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/23/03 (10/02)



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## FINANCIAL PLUS MORTGAGE, INC

4801 S. University Dr. Suite 119-A Davie, Florida 33328

Ph # (954) 920-3383

Fax (954) 923-1136

9/23/03

RE: Financial Plus Mortgage, Inc. reinstatement

Enclosed is a check for \$150.00 to have Financial Plus Mortgage, Inc. reinstated as an active corporation. We are also requesting a waiver of late fees, because we never received the initial form in January, nor the second notice in July. Please contact our office if any further information is needed to expedite our request. Thank you in advance for your cooperation.

Sincerely,

  
Ivan Ufret