

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Miller
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 2:39

DOCUMENT # P98000026524

1. Corporation Name

EXTENDED MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

2574 N UNIVERSITY DR
267A
SUNRISE FL 33322
US

7911 NW 90 AVE
TAMARAC FL 33321



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

2. New Principal Office Address, If Applicable

7911 NW 90 Ave.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1998

5. FEI Number

65-0821629

Applied For

Not Applicable

City & State

TAMARAC, FL

City & State

Zip 33321 Country US

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	MILLER, KATHLEEN M	7911 NW 90 AVE	TAMARAC FL 33321
V	HOSEIN, MICHAEL	7911 NW 90 AVE	TAMARAC FL 33321
S	MURRAY, MARGARET G	7911 NW 90 AVE	TAMARAC FL 33321
			300003459818--4 -11/09/00--01118--022 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134
3526 N. Federal Hwy.
FT LAUDERDALE, FL

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/16/00

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:

Kathleen M. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2000
Date

954-726-2277
Daytime Phone #

AD

CR2E040 (8/00)

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EXTENDED MORTGAGE CORPORATION
A LICENSED MORTGAGE BROKER

OCTOBER 13, 2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN,

AS PER MY CONVERSATION WITH STACEY FROM THE REINSTATEMENT OFFICE FOR ANNUAL REPORTS I AM WRITING THIS LETTER TO INFORM YOU THAT I HAVE NEVER RECEIVED ANY COPIES OF MY ANNUAL REPORT TO FILL OUT, SIGN AND SEND IN THE FEE DUE. THIS IS THE FIRST NOTICE I HAVE RECEIVED STATING THAT MY CORPORATION WAS DISSOLVED. I MOVED MY BUSINESS FROM 2574 N. UNIVERSITY DRIVE, SUNRISE, FL 33322 TO 7911 NW 90TH AVE., TAMARAC, FL 33321 AT THE END OF DECEMBER 1999. I BELIEVE THAT COULD BE THE REASON I DID NOT RECEIVE ANY OF THE PRIOR NOTICES. I UNDERSTAND THAT THIS IS THE LAST TIME THE FEES CAN BE WAIVED FOR MY CORPORATION AND APPRECIATE YOUR HELP IN THIS MATTER.

SINCERELY,

KATHLEEN M. MILLER
PRESIDENT