

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

00 DEC 29 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000050201

1. Corporation Name

Winvest Mortgage Corporation

100003581501--7

-01/26/01--01077--014

****900.00 ****900.00

2. Principal Office Address

633 NE 167th Street

3. Mailing Office Address

633 NE 167th Street

Suite, Apt. #, etc.

Suite # 1101

Suite, Apt. #, etc.

Suite # 1101

City & State

NORTH Miami, FL

City & State

North Miami, Florida

Zip

33162

Country

USA

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-3-98

5. FEI Number

65-0841447

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

JENNIFER Scott

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

633 NE 167 Street

Suite, Apt. #, Etc.

1101

City

NORTH Miami

State
FL

Zip Code

33162

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

Jennifer Scott

REGISTERED AGENT MUST SIGN

Date

12/24/00

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
<u>P</u>	<u>MATILDA BELL</u>	<u>6200 Falls Grade & #302</u>	<u>Landoverhill, FL 33319</u>

REINSTATEMENT

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:

MATILDA BELL
Matilda Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/24/00

Daytime Phone #

(305) 653-0599

CR2E081 (9/99)