

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -7 PM 4:05

DOCUMENT # P98000051619

1. Corporation Name
**ALL AMERICAN MORTGAGE SERVICES
INC.**

300004698083--2
-11/29/01--01043--003
****750.00 ****750.00

2. Principal Office Address
P.O. BOX 651908

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip Country
33265 USA

3. Mailing Office Address
P.O. BOX 651908

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip Country
33265 USA

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida **06-09-98**

5. FEI Number **65-0841385**
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
JOSE SANTIESTEBAN

Street Address (P.O. Box Number is Not Acceptable)
4504 SW 131 AVE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33175

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 **11-01-01**

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
DP	SANTIESTEBAN JOSE	4504 SW 131 AVE	MIAMI FL 33175
DVP	ACOSTA YAIMA	4504 SW 131 AVE	MIAMI FL 33175

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-01 305-804-2233

Date

Daytime Phone #

CR2E081 (8/00)