

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000054288

1. Corporation Name

NATIONS MORTGAGE GROUP INC

REINSTATEMENT 02

000008441420--0

-10/18/02--01025--003

*****750.00 ***750.00**

2. Principal Office Address

250 CATALONIA AVE

3. Mailing Office Address

250 CATALONIA AVE

Suite, Apt. #, etc.

604

Suite, Apt. #, etc.

604

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 17-1998

5. FEI Number

65-0846630

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

IVONNE TRONCOSO

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

250 CATALONIA AVE

Suite, Apt. #, Etc.

604

City

CORAL GABLES

State

FL

Zip Code

33134

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

10/16/02

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 |
|--------|--------------------------------------|---|------------------------|
| PD | IVONNE TRONCOSO | 250 CATALONIA AVE #604 | CORAL GABLES, FL 33134 |
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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

Date

10/16/02

Daytime Phone #

CR2E081 (9/01)

10/24/02