

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -5 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000057078**

1. Corporation Name

ASSOCIATED MORTGAGE OF NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

~~5200 BABCOCK STREET NE, STE. 112~~
~~PALM BAY FL 32905~~

~~5200 BABCOCK STREET NE, STE. 112~~
~~PALM BAY FL 32905~~

476 Ballard Dr
Melbourne, FL 32935

476 Ballard Dr
Melbourne, FL 32935



REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3534665

Applied For

Not Applicable

City & State

City & State

Zip

Country

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
PDS	BITTAR, DONALD	5200 BOBCOCK ST NE # 112 476 Ballard Drive	PALM BAY FL 32905 Melbourne, FL 32935

200009357082
12/04/02--01092--002 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BITTAR, DONALD A

~~5200 BABCOCK STREET NE, STE. 112~~
~~PALM BAY FL 32905~~

476 Ballard Dr.
Melbourne FL 32935

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/26/02

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:

SIGNATURE REQUIRED
DABittar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/02 321 251 3366

CR2E040 (8/02)