

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 1:01

DOCUMENT # P98000079883

1. Corporation Name

ACE MORTGAGE AND FINANCIAL SERVICES INC.

Principal Place of Business

1140 SW 44TH TERRACE
DEERFIELD BEACH FL 33442

Mailing Address

1140 SW 44TH TERRACE
DEERFIELD BEACH FL 33442



5/10/99 90159 027 / 50.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1998

5. FEI Number

☒ Applied For

☐ Not Applicable

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
Ms.	Clavette Hayles	1140 SW 44TH TERRACE DEERFIELD BEACH FL 33442	

8. Name and Address of Current Registered Agent

HAYLES, CLAUDETTE A
1140 SW 44TH TERRACE
DEERFIELD BEACH FL 33442

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ACE MORTGAGE AND FINANCIAL
SERVICES INC.**

October 19, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

RE: ACE MORTGAGE AND FINANCIAL SERVICES INC.


Dear Sir/Madam:

I am in receipt of a Notice of Administrative Dissolution or Revocation for the above-mentioned corporation. A Corporate return was filed for the above-mentioned company in May 1999. The return was sent back to our attention sometime later for additional information. Due to an oversight, the return was sent back to the Department without the necessary adjustments being made.

In July the return was sent back to Ace Mortgage for the adjustments to be made, the adjustments were made and returned to the Department. The Department's record does not reflect this final adjustment.

Kindly find the Notice of Administrative Dissolution or Revocation attached with item numbers seven and eleven completed as directed.

Sincerely,



Claudette Hayles