

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 12 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000 88872**

1. Corporation Name

FLORIDA Mortgage Solutions Inc.

2. Principal Office Address

200 W. Camino Real

Suite, Apt. #, etc.

H

City & State

BOCA RATON FL

Zip

33432

Country

USA

3. Mailing Office Address

200 W. Camino Real

Suite, Apt. #, etc.

H

City & State

BOCA RATON FL

Zip **33432**

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/98

5. FEI Number

650868940

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

DAVID BARRETT

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

5560 Pacific Blvd

Suite, Apt. #, Etc.

413

City

Boca Raton

State

FL

Zip Code

33433

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

David Barrett

Date **4/10/00**

☒ REGISTERED AGENT MUST SIGN

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
pres.	DAVID BARRETT	5560 Pacific Blvd #413	BOCA RATON, FL 33433
			800003219228--0
			-04/24/00--01003--022
			****300.00 ****300.00

99-00.18

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:

David Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/00 561 338 9797

Daytime Phone #

CR2E081 (9/99)

**FLORIDA
MORTGAGE
SOLUTIONS**
INC.

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Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
RE: Letter # 200A00018333

April 10, 2000

Andy Dunlap,

Enclosed is the application to reinstate Florida Mortgage Solutions Inc. along with a check for \$300.00.

I never received any renewal notices at 6901 SW 18th Ave #105 Boca Raton FL 33432. This address was listed under another company, therefore mail may not have been delivered there for that reason. I was working for a company at that address, they gave permission for me to use that address until I stated working with my new corporation. I thought that because I was close to the end of the year for 1998 when I incorporated that I was not required to renew for 1999 but would be required in 2000. When I moved the office to 200 W. Camino Real in September I notified your office of the address change and assumed the corporation was still in good standing. When I realized I had not received a renewal notice in 2000 then I called your office and found out that Florida Mortgage Solutions Inc. had been desolved for non renewal.

Please reinstate my corporation. Thank you for your understanding.

Sincerely,



David Barrett
President