

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 MAY 22 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000022760**

**1. Corporation Name**

MUTUAL SECURITY MORTGAGE CORPORATION

**2. Principal Office Address**

6115 MIRAMAR PARKWAY

Suite, Apt. #, etc.

G

City & State

MIRAMAR FL

Zip

Country

33023

BROWARD

**3. Mailing Office Address**

- SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

MARCH 11, 1999

**5. FEI Number**

65-0941099

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

JOAN ROBINSON

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

6115 MIRAMAR PARKWAY

Suite, Apt. #, Etc.

G

City

MIRAMAR

State

FL

Zip Code

33023

**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

*Joan Robinson*

Date

5-13-03

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
PD	JOAN ROBINSON	6115 MIRAMAR PKWAY #G	MIRAMAR, FL 33023

**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:

*Joan Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-966-4665

CR2E081 (9/00)

To: Whom It may Concern

I hereby request that the late fee be waived, due to the fact that I never received any notices.

Thanks in Advance

Sincerely

Joan Robinson