

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~

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

FILED

01 NOV -1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030590

1. Corporation Name

A-Z MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

671 BEVILLE RD
SOUTH DAYTONA FL 32119

671 BEVILLE RD
SOUTH DAYTONA FL 32119

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
STE 615

Suite, Apt. #, etc.
STE 615

City & State
DAYTONA Bch. FL

City & State
DAYTONA Bch. FL

Zip
32118

Country
VOLUSIA

Zip
32118

Country
VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1999

5. FEI Number

59-3569554

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
D	SWIATLOWSKI, RICHARD S	671 BEVILLE RD	SOUTH DAYTONA FL 32119

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-11/27/01--01053--010

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWIATLOWSKI, RICHARD S
6213 RAINIER CIRCLE
PORT ORANGE FL 32127

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

R. Swiatlowski
REGISTERED AGENT MUST SIGN

Date

10/26/01

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:

R. Swiatlowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/01 386-295-3211

CR2040 (8/01)

262

A-Z Mortgage Corporation

444 Seabreeze Blvd. #615

Daytona Bch., FL 32118

386-295-3711

Oct. 25, 2001

FLOIRDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Dear Sir,

There seems to have been an oversight in not filing our 2001 annual report/uniform business report. I believe the error was due to our relocating twice in 2001, once in March and then again in June therefore our forms have not been reaching us.

Also, we changed bookkeepers in that time frame thus causing the problem. Please except our apology in this matter. I am available during regular business hours at the number above.

Please note the change in address above for future mailings.

Sincerely,



R. Swiatlowski,
A-Z Mortgage Corp.