PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AÞ	PLICATION
أسلما	FOR
REIN	STATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P99000031294	

1. Corporation Name

Suite, Apt. #, etc.

City & State

Zip

ASSOCIATED MORTGAGE GROUP, INC.

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

1868 N. UNIVERSITY DR., STE. 205 PLANTATION FL 33322

2. New Principal Office Address, If Applicable

Country

1868 N. UNIVERSITY DR., STE. 205 PLANTATION FL 33322

If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable

FILED

00 DEC 22 PM 1:23

SEGRETARY OF STATE TALLAHASSEE, FLORIDA



Date Incorporated or Qualified To Do Business in Florida 04/06/1999

FEI Number 65-0989345

Not Applicable

Applied For

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)										
Title(s)	2	Name of Officers and/or Directors			et Address of Each cer and/or Director		4	City / Star	te / Zip	
D	LOCKE, GARY			1868 N. UNIVER	SITY DR., STE. 205	5	PLANTA	ATION FL 33322		
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Country

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corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

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 filling 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.

REGISTERED AGENT MUST SIGN

SIGNATURE:

Signature of Registered Agent

MARKOWITZ, IRA F

10. I, being appointed the register

3300 UNIVERSITY DR., STE. 504 **CORAL SPRINGS FL 33065** 

F. LOCKE