

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

00 DEC 29 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000043643

1. Corporation Name

ATLAS FINANCIAL MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

9070 KIMBERLY BLVD. STE. 25
BOCA RATON FL 33434-2861

9070 KIMBERLY BLVD. STE. 25
BOCA RATON FL 33434-2861

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

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0922002

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	BRAVERMAN, JAMES E	2346 S.W. 183RD TERRACE	MIRAMAR FL 33029

700003590707--3
-01/29/01--01129--007
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNSTEIN, ALAN
4869-4 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417

Name

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

Suite, Apt. #, Etc.

City

State

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

SIGNATURE REQUIRED

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)



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ATLAS FINANCIAL MORTGAGE CORPORATION.

1700 n. Dixie Hwy, Suite 140 Boca Raton, FL. 33432

Tel: 561 - 392 - 1544 Fax: 561 - 392 - 5771

To: DIVISION OF CORPORATIONS.

Reference: corporation annual reports.

From: Jamie Braverman President Atlas Financial Mortgage Corp.

I just recently received your booklet for reinstatement unfortunately I lost track and didn't realize it hadn't come in the mail sooner. Back when the initial form was due I called up to your office requesting a form since I hadn't received one yet. At the same time as I requested a new form be sent I also requested an address change for my office so the mail would be sent directly to without third party interdiction. Unfortunately this didn't happen and thus I finally received your last announcement just recently. Please accept my enclosed check for \$150.00 and allow for the continuance of my corporation in the State of Florida. Also at this time I request that my address be changed for my corporation to 1700 North Dixie Hwy. Suite 140 Boca Raton Florida 33432. I am totally apologetic for this oversight and hope with the new address on record communication and my response will be prompt and efficient, as it should be.

Thanks for your consideration

A handwritten signature in black ink, appearing to be "J. Braverman", written over a horizontal line.

Jamie Braverman