

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 12 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Alpha Credit Mortgage Center INC.

PG900004873

2. Principal Office Address

1490 Military Trail

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33415

Country

W. Palm Beach

Zip

Country

USA.

REINSTATEMENT *00-02*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0920801

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

Mary Suarez - Rodriguez

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

43 Heather Cove Dr.

Suite, Apt. #, Etc.

Boynton Beach

City

State

FL

Zip Code

33415

400007113964-2
-08/14/02-01070-009
***1050.00 ***1050.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *8/9/02*

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
P	<i>Mary Suarez - Rodriguez</i>	<i>43 Heather Cove Dr.</i>	<i>Boynton Beach FL 33415</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/2002

Daytime Phone #

(561) 649-2218

CR2081 (9/01)