

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000049091

1. Corporation Name

CAHILL Mortgage Partners, INC.

2. Principal Office Address 7100 W. CAMINO REAL BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 403

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33433

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

6/1/99

5. FEI Number

65-0923584

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

Jon Blakesberg, Blakesberg & Co. CPAs

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

951 S.W. FOURTH AVENUE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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]

Date

1-25-06

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
PRES	Karen L. Solomon	3700 S. Ocean BLVD #1705	Highland Beach, FL 33487

2000065563088  
02/10/06--01022--026 \*\*1050.00

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 contained in Chapter 119, 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:

Karen L. Solomon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06

Date

Daytime Phone #

FILED

06 JAN 31 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-06

CR2E081 (12/05)

*Cahill Mortgage Partners, Inc.  
7100 W. Camino Real Boulevard  
Suite #403  
Boca Raton, FL 33433*

January 25, 2006

Department of State  
Division of Corporations  
PO Box 6850  
Tallahassee, FL 32314

**Re: Cahill Mortgage Partners, Inc.  
FEIN: 65-0923584**

Dear Sir or Madam:


The purpose of this letter is to inform you that we have just discovered that we inadvertently forgotten to file the Annual Report with the State of Florida and we are requesting to have the \$600 reinstatement fee waived.

Each year, we file our corporate tax return and renew our state license without fail however we never received the Annual Report because I moved shortly after creating the corporation and never understood the requirement.

Attached please find our check for \$1050 which represents \$150 filing fee for seven years (2000 - 2006).

We apologize for the error and thank you for your prompt attention to this matter.

Sincerely,

  
Karen L. Solomon