

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION

FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 15 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P990000 81701

1. Corporation Name

TRANS-ACT MORTGAGE, INC.

2. Principal Office Address

11575 HERON BAY BLVD

Suite, Apt. #, etc.

300

City & State

COGEL SPRINGS, FL

Zip

33076

Country

BLAND

3. Mailing Office Address

JAME

Suite, Apt. #, etc.

City & State

Zip

Country

5/17/00 90926043#15000

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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

John S. Monroe

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

11575 HERON BAY BLVD

Suite, Apt. #, Etc.

300

City

COGEL SPRINGS

State

FL

Zip Code

33076

600003757796--6

02/23/01 01038 009

\*\*\*\*\*8.75 \*\*\*\*\*8.75

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

*John S. Monroe*

REGISTERED AGENT MUST SIGN

Date 1/10/01

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.	John S. Monroe	12660 NW 65th Ave, Parkland, FL	Parkland, FL 33076
			600003757796--6
			02/23/01 01038 010
			****150.00 ****150.00

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 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

*John S. Monroe* 1/10/01

Date

Daytime Phone #

(954) 752-1411

CR2E081 (9/99)

# DO NOT REMOVE!

## Trans-Act Mortgage, Inc.

242

January 10, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Division of Corporations:

I am writing to have our company re-instated. I have included a copy of our filing and cancelled check.


When I called to inquire, I was told that we did not respond to a letter requesting our tax ID #. We never received this letter, probably because we moved. We have subsequently applied for a tax ID #, and will forward it as soon as we receive it.

I believe that due to the above circumstance, we should not be penalized, and that we should be re-instated.

I would also like to change our address to the following:

Trans-Act Mortgage, Inc.  
11575 Heron Bay Boulevard  
Suite 300  
Coral Springs, FL 33076  
(954) 752-1411  
(954) 752-1611 (Fax)

Thank you for your assistance in this matter.



John Monroe  
President

11575 Heron Bay Blvd. Suite 300, Coral Springs, FL 33076

Telephone 954-752-1411 Fax 954-752-1611