

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P99000083930**

1. Corporation Name

ONYX MORTGAGE INVESTMENTS GROUP, INC.

00 DEC 11 PM 5:12

Principal Place of Business

Mailing Address

~~4790 WEST COMMERCIAL BOULEVARD SUITE 2A~~
TAMARAC FL 33319

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TAMARAC FL 33319



REINSTATEMENT **DD**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4772 W. Commercial

Suite, Apt. #, etc.

Suite 2A

City & State

TAMARAC FL

Zip

33319

Country

BROWARD

3. New Mailing Office Address, If Applicable

7474 NW 48 Place

Suite, Apt. #, etc.

City & State

Lauderhill FL

Zip

33319

Country

USA (Broward County)

4. Date Incorporated or Qualified To Do Business in Florida

09/22/1999

5. FEI Number

65-0949929-000

Applied For

Not Applicable

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
PSTD	BRONSON, JOSEPH E JR. BRINSON	4790 WEST COMMERCIAL BOULEVARD S	TAMARAC FL 33319

200003505872--4
-12/19/00--01059--011
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

JOSEPH E. BRINSON
REGISTERED AGENT MUST SIGN

Date

12/8/00

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), P.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:

Joseph E. Brinson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Brinson
Date **12/8/00** (954) **533 0879**
Daytime Phone #

CR2ED40 (8/00)