

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 19 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084071

1. Corporation Name

CASH OUT MORTGAGE CORP.

Principal Place of Business

Mailing Address

3113 SR 580 #292
SAFETY HARBOR FL 34695

3113 SR 580 #292
SAFETY HARBOR FL 34695



REINSTATEMENT

00

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

800 West Cypress Creek Rd

800 West Cypress Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 240

Suite 240

City & State

City & State

FT. Lauderdale FL

FT. Lauderdale FL

Zip

Zip

33309

Country

Country

BROWARD

33309

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1999 SP

5. FEI Number

31-1668179

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
President	Lewis H. Spinner	800 West Cypress Creek Rd	FT. Lauderdale FL 33309

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***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPINNER, LEWIS H
3113 SR 580 #292
SAFETY HARBOR FL 34695

Name

Lewis H. Spinner

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

800 West Cypress Creek Rd

Suite, Apt. #, Etc.

Suite 240

City

FT. Lauderdale

State

FL

Zip Code

33309

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

Lewis H. Spinner

Date 11-24-2000

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:

Lewis H. Spinner

11-24-2000

954-958-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #