

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000086634

1. Corporation Name

OPTIMUM MORTGAGE SERVICES, INC.

Principal Place of Business

Mailing Address

~~505 WEKIVA SPRINGS RD., STE. 500~~
~~LONGWOOD FL 32779~~

~~505 WEKIVA SPRINGS RD., STE. 500~~
~~LONGWOOD FL 32779~~

407 LK Howell Rd.
Maitland, FL 32751

407 LK Howell Rd.
Maitland, FL 32751

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

407 Lake Howell Rd.
Maitland, FL
32751 Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1999

5. FEI Number

59-3600772

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
D/P/V	BOYSEN, DARREN G	505 WEKIVA SPRINGS RD., STE. 500 407 LK Howell Rd.	LONGWOOD FL 32779 Maitland, FL 32751
D/H/S	BOYSEN, KAREN S	505 WEKIVA SPRINGS RD., STE. 500 407 LK Howell Rd.	LONGWOOD FL 32779 Maitland, FL 32751
			600003463826--6 -11/15/00-01029-018 ****758.75 ****758.75
			11/13

8. Name and Address of Current Registered Agent

JURGENS, J.A. P.A.
505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name
Karen S. Boyesen
Street Address (P.O. Box Number is Not Acceptable)
407 Lake Howell Rd
Suite, Apt. #, Etc.
City
Maitland
State
FL
Zip Code
32751

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

KAREN S. BOYSEN
REGISTERED AGENT MUST SIGN

Date 10-26-00

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), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darren G. Boyesen
Karen S. Boyesen
Karen S. Boyesen

10-26-00

Date

407-672-0174

Daytime Phone #

10-26-00