

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 MAR -5 PM 2:25

DOCUMENT # P99000091803

1. Corporation Name

MORTGAGE SUCCESS
2001 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

700013988367
03/12/03--01001--015 **1050.00

2. Principal Office Address

2001 PALM BEACH LAKES

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

Zip

33409

Country

PALM BEACH

Zip

33409

Country

PALM BEACH

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0954971

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

CLIFF GRAHAM

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

2001 PALM BEACH LAKES BLVD

Suite, Apt. #, Etc.

WEST PALM BEACH, FL. 33409

City

State

FL

Zip Code

33409

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

CLIFF GRAHAM

REGISTERED AGENT MUST SIGN

Date 3-4-03

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
P.	CLIFF GRAHAM	2001 PALM BEACH LAKES BLVD	WEST PALM BEACH 33409

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:

CLIFF GRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFF GRAHAM

Date

3/3/03

Daytime Phone #

561-

483-1144

CR2E081 (10/02)