

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 20 AM 9:46

DOCUMENT # P99000098620

1. Corporation Name

ALL STAR MORTGAGE FINANCIAL CORP.

2. Principal Office Address

8830 Coral Way

Suite, Apt. #, etc.

3. Mailing Office Address

1111

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

MIAMI, FL

Zip 33165

Country

DADE

Zip

33165

Country

USA

400023958004  
10/20/03--01062--001 \*\*150.00

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

105-096-0619

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

Steven Dubberly

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

8830 Coral Way

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/16/03

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
President / Co	Steven Dubberly	8830 Coral Way	Miami, FL 33165

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

[Signature]

Date

10/16/03 (305) 225-888

Daytime Phone #