

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 AM 10:31

DOCUMENT # P99000105940

1. Corporation Name

THE MORTGAGE SHOPPE, INC.

Principal Place of Business

Mailing Address

C/O NORMAN G. FISHER
1424 S.W. 9TH STREET
FORT LAUDERDALE FL 33312

C/O NORMAN G. FISHER
1424 S.W. 9TH STREET
FORT LAUDERDALE FL 33312



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

2. New Principal Office Address, If Applicable
300 SW 2ND STREET

3. New Mailing Office Address, If Applicable
300 SW 2ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*10

*10

City & State

City & State

FORT LAUDERDALE, FL

FORT LAUDERDALE, FL

Zip

Zip

33312

33312

Country

Country

BROWARD

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1999

5. FEI Number

65-0966160

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FISHER, NORMAN G	1424 S.W. 9TH STREET	FORT LAUDERDALE FL 33312

300003488633--0

-12/06/00-01010-024

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISHER, NORMAN G
1424 S.W. 9TH STREET
FORT LAUDERDALE FL 33312

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

Date 11-08-00

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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN G. FISHER

11-08-00

Date

954-763-5980

Daytime Phone #

CR2E040 (8/00)

THE MORTGAGE SHOPPE

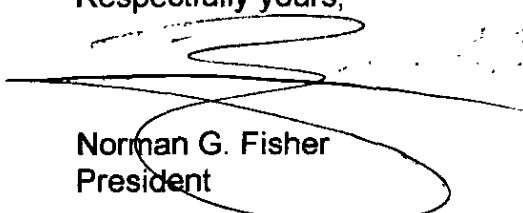
November 8, 2000

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is my Application for Reinstatement. I'm fully unaware of why and how no prior notifications were received. As such, I respectfully request you accept this form as my annual report, along with the enclosed \$150.00 fee, to reinstate my corporation.

Thank you for your understanding and cooperation in this matter.

Respectfully yours,



Norman G. Fisher
President