

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 AUG 13 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S48468

1. Corporation Name **THIRD GROUP MORTGAGE, INC.**

Principal Place of Business Mailing Address

**825 S. Brickell Bay Drive  
Tower III  
Miami, FL 33131-2936**

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

4. Date Incorporated or Qualified  
To Do Business In Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**65-0285034**

Not Applicable

Zip Country Zip Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Rolando Conde	18 Barrington Street	Dix Hills, New York
V	Rolando Conde	18 Barrington Street	Dix Hills, New York
S	Rolando Conde	18 Barrington Street	Dix Hills, New York 11747-4002

REINSTATEMENT

900002266799-3  
-08/14/97-01047-003  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Ramon Suarez**  
**825 S. Bayshore Drive**  
**Miami, FL 33131**

Name **Marsha A. Figura**

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

**825 S. Brickell Bay Drive**

Suite, Apt. #, Etc.

**Tower III**

City **Miami**

State **FL**

Zip Code **33131-2936**

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

REGISTERED AGENT MUST SIGN

Date

**August 11, 1997**

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-08/14/97-01047-004  
\*\*\*\*\*8.75 \*\*\*\*\*8.75  
on Intangible tax.)

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. 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.

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-08/14/97-01047-005  
\*\*\*1000.00 \*\*\*1000.00

SIGNATURE: **Rolando Conde** ROLANDO CONDE AS PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #