

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 548468

1. Corporation Name

THIRD GROUP MORTGAGE, INC.

Principal Place of Business

Mailing Address

18 Barrington Place
Dix Hills New York 11747-4002

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

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0285034

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

98 00

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Roland Conde	18 Barrington Pl	Dix Hills, New York 11747-4002
V	Roland Conde	same as above	
S	Roland Conde	same as above	
			300002659343-1
			-10/08/98-01073-002
			****780.00 ****780.00

8. Name and Address of Current Registered Agent

Marsha A. Figura
825 S. Brickell Bay Drive
Tower III Miami Fla 33131-2936

9. Name and Address of New Registered Agent

Name
Martha D. Conde
Street Address (P.O. Box Number is Not Acceptable)
8241 N.W. 53rd Street
Suite, Apt. #, Etc.
City
Lauderhill
State
FL
Zip Code
33351-4911

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

Martha Conde
REGISTERED AGENT MUST SIGN

Date 9-24-98

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

(See other side for information
on intangible tax.)

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.

SIGNATURE:

Roland Conde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-98

Date

Daytime Phone #