

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 APR 20 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **548468**

1. Corporation Name

THIRDO GROUP MORTGAGE, INC.

2. Principal Office Address - No P.O. Box #

18 BARRINGTON PLACE

3. Mailing Office Address

P.O. Box 16008

Suite, Apt. #, etc.

Suite, Apt. #, etc. **C/O MICHAEL FORRER**

City & State

Dix Hills, NY

City & State

West Palm Beach, FL

Zip

11747

Country

USA

Zip

33416

Country

USA

7. Name and Address of Current Registered Agent

Name

JOHN C. SWEARINGEN

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

P.O. Box 16621 1800 OLD MCGEEHURST B

Suite, Apt. #, Etc.

206

City

West Palm Beach, FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/6/10

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
POST	ROLAND CONDE	18 BARRINGTON PL	Dix Hills, N.Y. 11747

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/10 561-689-5150

Date

Daytime Phone #