

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 06 JUL 06 PM 4:06

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S84811

**1. Corporation Name**

Easton Mortgage Corporation

**2. Principal Office Address**

c/o The Easton Group 10165 NW 19th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33172

Country  
USA

**3. Mailing Office Address**

c/o The Easton Group 10165 NW 19th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33172

Country  
USA

**REINSTATEMENT**  
CR2E081 (12/05)

00-06

**4. Date Incorporated or Qualified  
To Do Business In Florida** 10/02/1991

**5. FFL Number**  
650292199

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  
Edward W. Easton

Street Address (P.O. Box Number is Not Acceptable)  
10165 NW 19th Street

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33172

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date

6/26/06

REGISTERED AGENT MUST SIGN

**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
CDP	Edward W. Easton	10165 NW 19th Street	Miami, Florida 33172

200077348688  
07/11/06--01040--005 \*\*1858.75

**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 contained in Chapter 119, 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

Date

Daytime Phone #

6/26/06 305 597 222

2/10  
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