

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
01-02 UBR
Kathrine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 PM 4:00

DOCUMENT # *S89117*

1. Corporation Name

Mortgage Network, Inc.

2. Principal Office Address

4919 NW 106th Ave.

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33076

Country

US

3. Mailing Office Address

4919 NW 106th Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33076

Country

US

100004865671--3

-02/05/02--01016--015

****300.00 ****300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/91

5. FEI Number

65-0292368

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

Cindy Levine

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

4919 NW 106th Ave.

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

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

Cindy Levine

REGISTERED AGENT MUST SIGN

Date

1/16/02

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
P,T	<i>Cindy Levine</i>	<i>4919 NW 106th Ave</i>	<i>Coral Springs FL 33076</i>
VPS	<i>Shirley Levine</i>	<i>4706 Satinwood Tr.</i>	<i>Coconut Creek FL 33063</i>

AD

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 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:

Cindy Levine *Cindy Levine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/02 954227-0986

Daytime Phone #