

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**

97 OCT 29 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S94110**

1. Corporation Name

ALL IN ONE MORTGAGE COMPANY

Principal Place of Business

299 ALHAMBRA CIR
STE 316
CORAL GABLES FL 33134
US

Mailing Address

299 ALHAMBRA CIR
STE 316
CORAL GABLES FL 33134
US



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

11/14/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0298446

☒ Applied For

☐ Not Applicable

City & State

City & State

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
D	RODRIGUEZ, ELIO M.	299 ALHAMBRA CIR #316	CORAL GABLES FL

800002334458-- 5
10/30/97 01116--005
****165.00 ****165.00

10/27/97

8. Name and Address of Current Registered Agent

ELIO M. RODRIGUEZ
299 ALHAMBRA CIRCLE #316
% ALL-IN-ONE MORTGAGE COMPANY
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **ELIO M. RODRIGUEZ**

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-27-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-97

305-443-6569

Date

Daytime Phone #

CR20040 (8/97)

ALL-IN-ONE-MORTGAGE CO.

Elio M. Rodriguez
President , Real Estate Broker
299 ALHAMBRA CIRCLE
SUITE #316
CORAL GABLES, FL 33134

Telephone (305) 443-6569
Fax (305) 441-7184

October 27 1997

**Department Of State
Division Of Corporation
Annual Report / Reinstatement Section
P.O. BOX 6327
Tallahassee , FL. 32314-6327**

RE : RENEWAL

This letter will confirm my conversation with "Leslie" from the State Dept. on October 27 1997 , that the renewals application was never received . Enclosed please find a check made to the Dept. Of State for the amount of \$ 165.00 .

I kindly request reinstatement and thank you for waving the fee . If you should have any questions regarding any of the above please do not hesitate to call me direct at (305) 443-6569 .

Sincerely ,



Elio M. Rodriguez
President