

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
ANNUAL
REPORT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 04, 2008 8:00 A.M.
Secretary of State

DOCUMENT # **S94110**

1. Corporation Name

All Ind. One Mortgage Company

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

299 ALHAMBRA Circle

3. Mailing Office Address

299 ALHAMBRA Circle

Suite, Apt. #, etc.

316

Suite, Apt. #, etc.

316

City & State

Coral Gables

City & State

Coral Gables FL

Zip

33134

Country

USA

Zip

33134

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-1991

5. FEI Number

65-029 8446

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

ELIO M. RODRIGUEZ

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

299 ALHAMBRA Circle

Suite, Apt. #, Etc.

316

City

Coral Gables

State

FL

Zip Code

33134

☒ 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.

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

08-06-08

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
Pres	ELIO M. RODRIGUEZ	299 ALHAMBRA Circle Suite 316	Coral Gables FL 33134

500134410145
08/13/08--01005--004 **150.00

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 filling 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

[Signature]

Date

08-06-2008 305-443-0096

Daytime Phone #

KS