

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
96 OCT 28 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42902**

1. Corporation Name

DADE COUNTY MORTGAGE, INC.

Principal Place of Business

Mailing Address

620 SW 28TH CT
MIAMI FL 33135

620 SW 28TH CT
MIAMI FL 33135

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

~~2433 SW 16 TERRACE~~

~~3433 SW 16 TERRACE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~MIAMI FL N/A~~

~~MIAMI FL N/A~~

City & State

City & State

~~MIAMI, FLORIDA~~

~~MIAMI, FLORIDA~~

Zip

Country

Zip

Country

~~33145~~

~~DADE~~

~~33145~~

~~DADE~~

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

05-0339968

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	GUTIERREZ, SERGIO F	620 SW 28TH CT	MIAMI FL

100001998851--7
11/07/96 01026 026
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUTIERREZ, SERGIO F.
620 SW 28TH CT
MIAMI FL 33135

Name

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

Suite, Apt. #, Etc.

City

State

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]

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 9-16-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

9/16/96

605299407

Date

Daytime Phone #