

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -5 PM 3:19

DOCUMENT # **F99000000646**

1. Corporation Name

SOUTHERN SECURITY MORTGAGE COMPANY

Principal Place of Business

Mailing Address

5300 SOUTH 360 WEST SUITE 100
SALT LAKE CITY UT 84123

5300 SOUTH 360 WEST SUITE 100
SALT LAKE CITY UT 84123



REINSTATEMENT 01

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

02/02/1999

Suite, Apt. #, etc.

#150

Suite, Apt. #, etc.

#150

5. FEI Number

NOT APPLICABLE

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	4 City / State / Zip
CDT	QUIST, SCOTT M	7 WANDERWOOD WAY	SANDY UT 84092
D	QUIST, GEORGE R	4491 WANDER LANE	SALT LAKE CITY UT 84117
D	CRITTENDEN, CHARLES L	2334 FILMORE AVE.	OGDEN UT 84401
D	MOODY, HOWARD V	1782 EAST FAUNSDALE DRIVE	SANDY UT 84092
D	HUNTER, ROBERT G	#2 RAVENWOOD LANE	SANDY UT 84092
D	MCCORMICK, R.A.F.	400 EAST CRESTWOOD ROAD	KAYSVILLE UT 84037

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name **Garrett S. Sil**
Street Address (P.O. Box Number is Not Acceptable)
755 Minehart Rd
Suite, Apt. #, Etc.
#100
City **Lake Mary** State **FL** Zip Code **32746**

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

[Handwritten Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

300004698209-7
-11/29/01-01046-004
***758.75 ***758.75
Date **10/12/01**

11. 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:

[Handwritten Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Scott M. Quist**

Date **11/2/01**

Daytime Phone # **801-264-1060**

CP2E040 (8/01)