

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 16 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H65424

1. Corporation Name

ACTION MORTGAGE BROKERS, INC.

2. Principal Office Address

141 Fernery Road

Suite, Apt. #, etc.

Suite 58

City & State

Lakeland, FL

Zip

33809

Country

Polk

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-2-85

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

1982-2002 *AM*

7. Name and Address of Current Registered Agent

Name

Ken Duke

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

141 Fernery Road/#58

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

600007855136-7

-09/19/02--01082--026

***2433.75 ***2433.75

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

Ken Duke
Ken Duke

REGISTERED AGENT MUST SIGN

Date 9-11-02

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/D	Ken Duke	141 Fernery Road/#58	Lakeland, FL 33809

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:

Ken Duke
Ken Duke

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02
Date

863/858-2488
Daytime Phone #

CR2E081 (9/01)