

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P93000018627

FILED
MAR 20 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICANT FOR REINSTATEMENT
 DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS

DOCUMENT # P93000018627

1. Corporation Name
 The Mortgage Authority of the Treasure Coast, Inc.

Principal Place of Business Mailing Address
 729 SE Federal Hwy Suite 210 Stuart, FL 34994
 2149 SW Olympic Club Ter Palm City, FL 34990

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	03/08/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	65-0394486
City & State	City & State	Applied For	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$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
C, D	Kimberly T. Pope	2149 SW Olympic Club Ter	Palm City, FL 34990
P, D	Charles H. Pope	2149 SW Olympic Club Ter	Palm City, FL 34990
			400003182674--2 -03/24/00--01041--014 ***1350.00 ***1350.00
			400003182674--2 -03/24/00--01041--015 *****8.75 *****8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Charles H. Pope 2149 SW Olympic Club Ter Palm City, Florida 34990	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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 Charles H. Pope REGISTERED AGENT MUST SIGN Date 3/17/2000

11. This corporation owes 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: Charles H. Pope SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 3/17/2000 Daytime Phone # 561-288-4300

CP2E081 (12/98)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Mortgage Authority
of Treasure Coast, Inc.

File
1st

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- Annual Report / Reinstatement Stat
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 MAR 20 AM 10:00

RECEIVED