

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 31 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000088134**

1. Corporation Name

BY OWNER MORTGAGE COMPANY

Principal Place of Business

Mailing Address

~~4718 WEST KENNEDY BOULEVARD
TAMPA FL 33606~~

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TAMPA FL 33606~~

REINSTATEMENT 97ao

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	
Suite, Apt. #, etc. 111 S. Armenia Ave		Suite, Apt. #, etc. 111 S. Armenia Ave		11/16/1995	
City & State Tampa, FL		City & State Tampa, FL		5. FEI Number 59-3330393	
Zip 33609		Zip 33609		Country USA	
				6. CERTIFICATE OF STATUS DESIRED <input 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
PSTD	BANNER, ALEXANDER	1719 WEST KENNEDY BOULEVARD	TAMPA FL 33606
EVP	BENNATI, LIANE	3412 N GABLES CT	TAMPA FL
SRVP	BENNATI, ALVIN J	5810 BIKINI WAY S	ST PETERSBURG FL
			3000002336733- - 4 -11/03/97--01143--008 ****750.00 ****750.00

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BANNER, ALEXANDER
2840 ENTERPRISE RD E-UNIT B14
CLEARWATER FL 34619

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	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 *Alexander Banner* Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: *Alexander Banner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E040 (8/97)