

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000056666**

1. Corporation Name

MARKET SHARE MORTGAGE INC.

Principal Place of Business

195 WEKIVA SPRINGS RD
#350
LONGWOOD FL 32779

Mailing Address

195 WEKIVA SPRINGS RD
#350
LONGWOOD FL 32779

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1997

5. FEI Number

59-3488632

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



800025528858
12/16/03--01044--020 **150.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NEWBAUER, ROBERT J	973 PADDINGTON TERRACE	HEATHROW FL 32746

8. Name and Address of Current Registered Agent

NEWBAUER, ROBERT J
195 WEKIVA SPRINGS RD
#350
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/8/03

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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/8/03

Daytime Phone #

407-385-0868

CR2E040 (7/03)

MARKET SHARE MORTGAGE, INC.

195 Wekiwa Springs Road

Longwood, FL 32779

To: Florida Department of State

Re: Document # P97000056666

Division of Corporations

Annual Report/Reinstatement Section

PO Box 6327

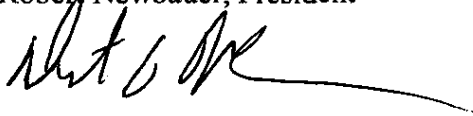
Tallahassee, FL 32314-6327

To whom it may concern:

Due to not receiving notice for corporation renewal, I feel that the fee should be waived. Since I did not receive the notice, I now have to wait one week to conduct business resulting in me losing a great deal of business.

Sincerely,

Robert Newbauer, President



Market Share Mortgage

407-389-0868 Office

407-389-0869 Fax

407-342-4944 Cell Phone