

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
DIVISION OF CORPORATIONS

00 OCT 26 AM 10:00

DOCUMENT # P99000092379

1. Corporation Name

CAPE CORAL MORTGAGE, INC.

Principal Place of Business

Mailing Address

3613 DEL PRADO BLVD., STE. 102
CAPE CORAL FL 33904

3613 DEL PRADO BLVD., STE. 102
CAPE CORAL FL 33904



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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1798548

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 President	2 STACEY FRERICHS	3 2929 SE 10 th Ave	4 Cape Coral, FL 33904
Vice-President	KIM FRERICHS	2929 SE 10 th Ave	Cape Coral, FL 33904

000003459860--7
-11/09/00--01126--011
****758.75 ****758.75

10/11/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRERICHS, KIM
3613 DEL PRADO BLVD., STE. 102
CAPE CORAL FL 33904

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: REGISTERED AGENT MUST SIGN

Date: 10/12/00

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: 10/12/00 941-540-5549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)