

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 258024

1. Corporation Name

SERVICE MORTGAGE AND INSURANCE AGENCY, INC.

Principal Place of Business

51 WEST BAY STREET  
JACKSONVILLE FL 32202  
US

Mailing Address

P.O. BOX 11007  
LAW DEPT.  
BIRMINGHAM AL 35288  
US

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

REINSTATEMENT



700024474917

11/06/03--01013--024 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/1962

5. FEI Number

59-1056724

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MALMAD, SUE	100 NORTH TAMPA STREET, SUITE 34	TAMPA FL 33602
T	KERN, LYNDA	1901 6TH AVE. N.	BIRMINGHAM AL 35203
D	FOX, SARA H	1901 6TH AVENUE NORTH	BIRMINGHAM AL 35203
S	GORDAY, CARL L	1901 6TH AVE. N.	BIRMINGHAM AL 35203
D	LANAEAN, MARTHA T	51 WEST BAY ST	JACKSONVILLE FL 32202

8. Name and Address of Current Registered Agent

LANAHAN, MARTHA T  
51 WEST BAY STREET  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Shelley Savage  
Vice President

REGISTERED AGENT MUST SIGN

Date

11/4/03

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:

Carl L. Gorday, Secretary

10-22-2003 205-326-5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)