

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.

REINSTATEMENT *03*



700024474917
 11/06/03--01013--024 **750.00

Principal Place of Business

Mailing Address

51 WEST BAY STREET
 JACKSONVILLE FL 32202
 US

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/16/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1056724

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

9. Name and Address of New Registered Agent

LANAHAN, MARTHA T
 51 WEST BAY STREET
 JACKSONVILLE FL 32202

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

Shelley Savage
 Vice President

Date

11/4/03

REGISTERED AGENT MUST SIGN

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

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)