

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -5 PM 1:26

DOCUMENT # 525577

1. Corporation Name

Jay Mortgage Corporation

W02000004191

2. Principal Office Address

5347 N.Murphy Road

Suite, Apt. #, etc.

City & State

Jay, Florida

Zip

32565

Country

Santa Rosa

3. Mailing Office Address

5347 N.Murphy Road

Suite, Apt. #, etc.

City & State

Jay, Florida

Zip

32565

Country

Santa Rosa

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1977

5. FEI Number

591765962

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James H. Reddick

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

207 South Baylen Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/4/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Margie Bray	5347 N.Murphy Road	Jay, FL. 32565
STD	Brenda B. Watson	5347 N.Murphy Road	Jay, FL. 32565
D	Hugh Campbell	5347 N.Murphy Road	Jay, FL. 32565

10. 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:

Margie Bray MARGIE BRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-6-02

Daytime Phone #

CR2E031 (9/01)