

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 12 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 635043

**1. Corporation Name**

FIRST MORTGAGE RESOURCES, INC.

**2. Principal Office Address**

727 No. Himes Ave.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33679

Country

USA

**3. Mailing Office Address**

P.O. Box 320501

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33679

Country

USA

**REINSTATEMENT** 93-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/04/79

**SP**

**5. FEI Number**

59-2203975

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

DONALD A. REGAR

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

727 No. Himes Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33679

**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

*Donald A. Regar*  
REGISTERED AGENT MUST SIGN

Date May 30, 2000

**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
P/D	DONALD-A. REGAR	727 No. Himes Ave.	Tampa, FL 33679

**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:**

*Donald A. Regar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2000

Date

(813) 969-8919

Daytime Phone #

CR2ED01 (9/99)