

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 826661

1. Corporation Name

COLONIAL MORTGAGE COMPANY

Principal Place of Business

ONE COMMERCE STREET  
PO BOX 230158  
MONTGOMERY AL 36123-7158

Mailing Address

ONE COMMERCE STREET  
PO BOX 230158  
MONTGOMERY AL 36123-7158

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1971

5. FEI Number 63-0513345

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WYNN, RONNIE	ONE COMMERCE STREET	MONTGOMERY AL 36104
CD	LOWDER, ROBERT	ONE COMMERCE STREET	MONTGOMERY AL 36104
T	SHEILA MOODY	250 COMMERCE ST	MONTGOMERY AL
S	ADELENE ALLEN	ONE COMMERCE ST	MONTGOMERY AL
D	ROBERT E. SASSER	ONE COMMERCE ST	MONTGOMERY AL
V	HOLLEY, MICHAEL	2000 INTERSTATE PARK	MONTGOMERY AL 36109

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Dale Morris*

REGISTERED AGENT MUST SIGN

Date

11/3/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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:

*Sheila Moody* / Sheila Moody / V.P. Treas.

Date

10/27/97

Daytime Phone #

(334) 240-5092

FILED

97 NOV -5 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT *an*

CR2E040 (8/97)