

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN -6 PM 2:50

DOCUMENT # F00000005393

1. Corporation Name

KEYSTONE MORTGAGE COMPANY, INC.

100018806801  
06/18/03--01039--013 \*\*150.00

100018806801  
05/12/03--01070--007 \*\*150.00

2. Principal Office Address

3333 Tamiami Trail N.

Suite, Apt. #, etc.

3. Mailing Office Address

6353 N. Ferguson Ave.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Indpls IN

Zip

34103

Country

USA

Zip

46220

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 27, 2000

5. FEI Number

35-2089331

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

Christopher R. Rapp

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

3333 Tamiami Trail N.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

*Ch Rapp*

REGISTERED AGENT MUST SIGN

Date 5/8/03

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.T.S. ✓	J. Ryan HURLBUT	418 I-CANAL VIEW WAY	Indpls IN 46220

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03

Date

317 257 8888

Daytime Phone #

CR2E081 (1002)



6353 N. Ferguson St. Indianapolis, IN 46220 317-257-8888 317-803-2311:fax

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5/8/2003

To whom it may concern:

Keystone Mortgage Inc. is applying for Corporate Reinstatement. We never received a Uniform Business Report. We have included a check for \$150 for reinstatement. For 2001.

Thanks for your help in this matter.

Ryan Hurlbut  
President

A handwritten signature in black ink, appearing to read "Ryan Hurlbut", is written over a horizontal line.