

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 DEC 19 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000003272**

1. Corporation Name

SEATTLE MORTGAGE COMPANY

Principal Place of Business

Mailing Address

190 QUEEN ANNE AVENUE N.
#500
SEATTLE WA 98109

190 QUEEN ANNE AVENUE N.
#500
SEATTLE WA 98109

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

06/18/2001

5. FEI Number

91-0495915

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	4 City / State / Zip
CP	STORY, ROBERT E	3800 44TH AVE. NE	SEATTLE WA 98105
V	SMITH, DAVID C	6837 54TH NE	SEATTLE WA 98115
S	BELL, JEAN	16120 NE 15TH	BELLEVUE WA 98008
T	SAITO, ROBERT	7410 W MERCER WAY	MERCER ISLAND WA 98040

100025630531
12/19/03--01040--002 **150.00

8. Name and Address of Current Registered Agent

MERRIFIELD, CYNTHIA
950 TAMARIND CIRCLE
ROCKLEDGE FL 32955

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Cynthia J. Merrifield
REGISTERED AGENT MUST SIGN

Date 10/29/03

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:

Jean Bell (Jean Bell)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/03 (206) 568-7803
Date Daytime Phone #

CR2E040 (7/03)



**SEATTLE
MORTGAGE**

Seattle Mortgage Company
Reverse Mortgages
190 Queen Anne Avenue N.
Suite 500
Seattle, WA 98109
1-800-643-6610
206-281-1500
fx 206-281-5313
www.seattlefinancialgroup.com

December 16, 2003

Florida Department of State
Divisions of Corporations
Annual Report/Reinstatement Section
PO BOX 6327
TALLAHASSEE, FL 32314-6327

To Whom It May Concern:

Seattle Mortgage Company, to the best of my knowledge, did not receive prior UBR notices and are requesting that the reinstatement fee be waived.

Sincerely,

Jean Bell
Secretary