

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -2 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FO1000003830**

1. Corporation Name

Runkel Mortgage Corp.

500020562115
06/06/03--01010--018 **150.00

2. Principal Office Address

158 Old Plant Rd

Suite, Apt. #, etc.

City & State

Burgessville IN

Zip

46106

Country

US

3. Mailing Office Address

158 Old Plant Rd

Suite, Apt. #, etc.

City & State

Burgessville IN

Zip

46106

Country

US

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2001

5. FEI Number

35-2027926

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

Michael Nearing

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

3964 Tapan Rd

Suite, Apt. #, Etc.

City

Venice FL

State

FL

Zip Code

34293

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Jun 2003

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
President	James Russell	158 Old Plant Rd	Burgessville IN 46106

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jun 2003

Daytime Phone #

(317) 557-3897