

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # F01000004982

1. Corporation Name

AMERICAP MORTGAGE CORPORATION

Principal Place of Business

3300 BUCKEYE RD
STE 401
ATLANTA GA 30341

Mailing Address

3300 BUCKEYE RD
STE 401
ATLANTA GA 30341



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1979 Lakeside Pkwy

Suite, Apt. #, etc.

Suite - 450

City & State

Zip 30084

Country

Tucker

3. New Mailing Office Address, If Applicable

1979 Lakeside Pkwy

Suite, Apt. #, etc.

Suite - 450

City & State

Zip 30084

Country

Tucker

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2001

5. FEI Number

58-2440217

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WILSON, CAROL T	3300 BUCKEYE RD, STE 401	ATLANTA GA
V	WHITE, GIBSON	3300 BUCKEYE RD, STE 401	ATLANTA GA
S	WILSON, CAROL T	3300 BUCKEYE RD, STE 401	ATLANTA GA

8. Name and Address of Current Registered Agent

HENRY, NORMA
1225 EPSON OAKS WAY
ORLANDO FL 32837

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

Norma Henry
REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

Norma Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #