

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, FLORIDA

DOCUMENT # **F01000004982**

1. Corporation Name
AMERICAP MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
3300 BUCKEYE RD STE 401 ATLANTA GA 30341	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	3. New Mailing Office Address, If Applicable 1979 Lakeside Pkwy
Suite, Apt. #, etc. Suite - 450	Suite, Apt. #, etc. Suite - 450
City & State Tucker	City & State Tucker
Zip 30084	Zip 30084

4. Date Incorporated or Qualified To Do Business in Florida	09/20/2001
5. FEI Number	58-2440217
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	87.75. 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
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

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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* **SIGNATURE REQUIRED** Date 10/25/02
 REGISTERED AGENT MUST SIGN

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 REQUIRED** Date 10/25/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____

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