

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005470

1. Corporation Name

Capstone Institute Of Mortgage Finance

REINSTATEMENT 02-04

2. Principal Office Address

2000 Powers Ferry Road

3. Mailing Office Address

2000 Powers Ferry Road

Suite, Apt. #, etc.

Suite 2-3

Suite, Apt. #, etc.

Suite 2-3

City & State

Marietta, Georgia

City & State

Marietta, Georgia

Zip

30067

Country

Cobb

Zip

30067

Country

Cobb

4. Date Incorporated or Qualified

To Do Business in Florida October 29, 2001

5. FEI Number

58-1727983

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

CorpDirect Agents, Inc.

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

103 North Meridian Street

Suite, Apt. #, Etc.

Lower Level 32301

City

Tallahassee

State  
FL

Zip Code  
32315

900036187349  
05/12/04--01024--011 \*\*458 75

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

*ECS* ASST. Sec.

Date 5/3/04

REGISTERED AGENT MUST SIGN

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
Pres.	Kathleen A. Lewis	2000 Powers Ferry Road, Suite 2-3	Marietta, GA 30067
Regist.	Susan Stromquist	2000 Powers Ferry Road, Suite 2-3	Marietta, GA 30067
Of.Mgr	Debbie Mimms	2000 Powers Ferry Road, Suite 2-3	Marietta, GA 30067

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:

*Kathleen A. Lewis*

KATHLEEN A. LEWIS

April 28, 2004

770-956-8252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)



**CAPSTONE INSTITUTE  
OF MORTGAGE FINANCE**

*Over A Decade of Education Excellence*

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*Member of the  
Mortgage  
Banker's  
Association  
of Georgia, Inc.  
and the Georgia  
Association of  
Mortgage Brokers*

April 28, 2004

Department of State Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Please waive my reinstatement fee of \$600.00. In checking my files I never received the 2002 business renewal form. I have however, enclosed \$450.00 for years 2002-2004. I have also included \$8.75 for a Certificate of Status.

Should you have a question concerning this matter, please contact me at 800-229-8556. I thank you in advance for your prompt attention concerning this matter.

Susan K. Stromquist  
Registrar  
Admissions Office  
Capstone Institute Of Mortgage Finance