

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F01000005809

1. Corporation Name

FIRSTRUST MORTGAGE, INC.

Principal Place of Business

Mailing Address

12705 S. MURLEN ROAD. STE. A-7
OLATHE KS 66062

12705 S. MURLEN ROAD. STE. A-7
OLATHE KS 66062

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

11/01/2001

5. FEI Number

48-0893828

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MCDUGALD, MARK A	204 WEST 62ND TERRACE	KANSAS CITY MO 64113
VS	CARDELL, KENNETH P	8915 HIGH DRIVE	LEAWOOD KS 66206
V	MEYER, JOHN E	2024 N.E. WATERFIELD DRIVE	BLUE SPRINGS MO 64014

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEARD, CRAIG

782 VILLAGE LAKE TERRACE, #204
ST. PETERSBURG FL 33716

* No longer
Current →

Name

FLORIDA FILING & SEARCH SERVICES, INC.

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

1333 NORTH DUVAL ST.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32302

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

Kenneth P. Cardell
REGISTERED AGENT MUST SIGN

Date

10/24/03

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:

Kenneth P. Cardell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V.P. CORP SECTY

Date

10/22/03

Daytime Phone #

913-312-2000

FILED

03 OCT 24 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/09/03 01060 014-X-550.00



MRB

CR2E040 (7/03)