

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F01000006335

1. Corporation Name

CAPITOL COMMERCE MORTGAGE CO.

Principal Place of Business

3600 AMERICAN RIVER DRIVE, STE 150
SACRAMENTO CA 95864

Mailing Address

3600 AMERICAN RIVER DRIVE, STE 150
SACRAMENTO CA 95864

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

12/11/2001

5. FEI Number

94-2527969

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

PCD

SORDI, CHRIS B

3600 AMERICAN RIVER DR., STE 150

SACRAMENTO CA

VD

PRUDLER, PAUL W

3600 AMERICAN RIVER DR., STE 150

SACRAMENTO CA

STD

PEARCE, RODNEY

3600 AMERICAN RIVER DR., STE 150

SACRAMENTO CA

8. Name and Address of Current Registered Agent

PARACORP, INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

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

Signature REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

Signature REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 FEB 17 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800011410608
01/30/03--01095--001 **750.00

CR2E040 (8/02)



"Commitments made and met"

February 12, 2003

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

RE: F01000006335

Please find enclosed the returned Reinstatement application that was rejected by this department. The attached letter states that we did not submit the correct fees and paperwork stating that we needed to submit both a reinstatement application annual report and uniform business report. In addition the fees were short by \$150.00. In addition it stated we need to submit a letter of non-receipt of the original UBR report to waive the late fees.

The original reinstatement application was submitted per the instruction given to me by a representative of your department. The letter enclosed is very confusing and asks for numerous items. To clarify I spoke with Barbara in your department and she furthermore states that all we needed to submit were the reinstatement application, and a letter stating we did not receive the original UBR report. Additionally she states that the fees we submitted were incorrect and in fact we need to request a refund for overpayment.

In accordance with Barbara's direction I have submitted the returned items, including the application for reinstatement, registered agent consent, letter stating non receipt of original and this letter of explanation requesting a refund of overpayment.

In addition I would like to make certain that in the future the UBR reports are forwarded to our corporate location at:

Capitol Commerce Mortgage Co.
3600 American River Drive, Suite 150
Sacramento, CA 95864
Attention: Karyn Kiger

Thank you for your assistance

Sincerely,


Karyn S. Kiger
Executive Assistant

Enclosures



3600 American River Drive, Suite 150, Sacramento, California 95864 (916) 486-8900

