

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 NOV -3 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000000007

1. Corporation Name

REGAL MORTGAGE COMPANY

Principal Place of Business

Mailing Address

125 EAST PALACE, SUITE 47
SANTA FE NM 87501

125 EAST PALACE, SUITE 47
SANTA FE NM 87501

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

01/02/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
PCD	WARE, DAVID	125 EAST PALACE, SUITE 47	SANTA FE NM 87501

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PUTMAN, JASMINE
2456 BROADWAY AVENUE
EUSTIS FL 32726

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 BY:

Candice L. Mallernee

Date 11/3/03

REGISTERED AGENT MUST SIGN Candice L. Mallernee, Asst. Secy.

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Ware

Date

Daytime Phone #

10/24/03 480 425 72 83

CR-6046 (7/03)

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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CORPORATION REINSTATEMENT

REGAL MORTGAGE COMPANY

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$750.00

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