

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

03 OCT 21 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005622

1. Corporation Name

CHOICE MORTGAGE, INC.

Principal Place of Business

718 NORTH WALNUT STREET  
BLOOMINGTON IN 47404

Mailing Address

718 NORTH WALNUT STREET  
BLOOMINGTON IN 47404

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/2002

5. FEI Number

35-2149192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT 2003

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	WEBB, JASON B	561 DITTEMORE RD	BLOOMINGTON IN 47404
V	SHORT, CHARLES R JR	1212 RHORER ROAD	BLOOMINGTON IN 47401
ST	CATANELLA, JOHNNA D	1159 E. CITATION DRIVE	BLOOMINGTON IN 47401

200023961312  
10/21/03--01022--013 \*\*750.00

8. Name and Address of Current Registered Agent

WEBB, JASON  
6269 WALK CIRCLE  
BOCA RATON FL 33433

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

REGISTERED AGENT MUST SIGN

Date

10-16-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03  
Date

812-323-9215  
Daytime Phone #

CR2E040 (7/03)