

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 12 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004247**

1. Corporation Name

REALTY MORTGAGE CORPORATION

Principal Place of Business

215 KATHERINE DRIVE
~~JACKSON MS 39200~~
US

Mailing Address

215 KATHERINE DRIVE
~~JACKSON MS 39200~~
US

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

FLOWOOD, MS
Zip **39239** Country

City & State

FLOWOOD, MS
Zip **39239** Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1996

5. FEI Number

62-1368446

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
DCP	TAYLOR, TOMMY F JR	215 KATHERINE DR	JACKSON MS 39200 FLOWOOD, MS 39232
DCV	MYERS, CHARLES A	215 KATHERINE DR	JACKSON MS 39200 FLOWOOD, MS 39232

100008934781

8. Name and Address of Current Registered Agent

KOONTZ, C. DAVID
516 SOUTHARD ST.
REAR
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name
LexisNexis Document Solutions Inc.

Street Address (P.O. Box Number is Not Acceptable)
3953 W. W. Kelley Road

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32311

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

Joanne Carrico

REGISTERED AGENT MUST SIGN

Date **Nov 11, 2002**

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

Date

Daytime Phone #

11-7-02

601-932-2029

CR20040 (8/02)

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 96071251
(Sub Account)

DATE: 11/12

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME: _____

CORPORATION NAME: Realty Mortgage Corporation

DOCUMENT NUMBER: (K96-4247)
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

Reinstatement

☒ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☐ PLAIN STAMPED COPY

() Call When Ready () Call if Problem () After 4:30
() Walk In () Will Wait () Pick Up
() Mail Out

RECEIVED
02 NOV 12 AM 10:48
DIVISION OF CORPORATION