

APR-12-1999 15:23
FOR
REINSTATEMENT
DOCUMENT # F97000002166
Corporation Name McGuire Mortgage Company

CT CORP
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

314 8630794 P.03/04

FILED

99 APR 21 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 3826 W. 75TH ST.
PRAIRIE VILLAGE, KS 66208

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-04/28/99--01048--005
***900.00 ***900.00

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

1. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Date, Apt. #, etc.		Suite, Apt. #, etc.		4/24/97	
City & State		City & State		5. FEI Number	
Zip		Country		KY-0664342	
				6. CERTIFICATE OF STATUS DESIRED ☐	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip	
PRES. - Dir.	James T. McGuire	6721 Overhill	Mission Hills, KS 66207	
V.P.	John McGuire	5415 W. 140 TH ST.	Overland Park, KS 66224	
V.P.	Robert A. MAHER	12318 W. 81ST ST.	Lenexa, KS 66215	
V.P.	Frank Budner	12834 Summit	Kansas City, Mo	

REINSTATEMENT

98-99 754/21/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		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.

Signature of Registered Agent: CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
Date: 4-21-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible Tax.)

12. 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: Robert A. MAHER VP
Date: 7/13/99
Certificate Number: 913-261-2706