

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000003905

1. Entity Name  
ONITY INC.



Principal Place of Business  
2232 NORTHMONT PARKWAY  
DULUTH, GA 30096 US

Mailing Address  
2232 NORTHMONT PARKWAY  
DULUTH, GA 30096 US

FILED

09 OCT 12 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09292009 REIN-P CR2E098 (1/07)

4. FEI Number  
51-0346174

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00

After January 1, 2010, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GORDON, MARK	
STREET ADDRESS	2232 NORTHMONT PARKWAY	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON-BAILEY, DWINETTE	
STREET ADDRESS	2100A NANCY HANKS DRIVE	
CITY-ST-ZIP	NORCROSS, GA 30071	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLSOM, HAROLD	
STREET ADDRESS	9 FARM SPRINGS ROAD	
CITY-ST-ZIP	FARMINGTON, CT 06032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILLIS, DUNCAN	
STREET ADDRESS	9 FARM SPRINGS ROAD	
CITY-ST-ZIP	FARMINGTON, CT 06032	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEAVER, JAY	
STREET ADDRESS	2232 NORTHMONT PARKWAY	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Oliver	
STREET ADDRESS	2232 Northmont Pkwy	
CITY-ST-ZIP	Duluth GA 30096	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAY WEAVER

9/30/09

REINSTATEMENT 2009

10/12