

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 1 PM 4:12

DOCUMENT # F98000000436

1. Corporation Name

COUNTRYSIDE LENDING, INC.

Principal Place of Business

5100 SOUTH 2870 E.
SALT LAKE CITY UT 84117

Mailing Address

5100 SOUTH 2870 E.
SALT LAKE CITY UT 84117

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

2. New Principal Office Address, If Applicable

2114 E. FIRST UNION BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2114 E. FIRST UNION BLVD
Suite, Apt. #, etc.

City & State

SALT LAKE CITY, UTAH

City & State

SALT LAKE CITY, UTAH

Zip

84121

Country

SALT LAKE

Zip

84121

Country

SALT LAKE

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1998

5. FEI Number

APPLIED FOR

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPS	HOWARD, PETER J	5100 SOUTH 2870 EAST	SALT LAKE CITY UT 84117

800002038598--5
-11/08/99--01116--019
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T 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 607.0605, F.S.

Signature of
Registered Agent

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

Date 10/29/99

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Howard

10-27-99

Date

Daytime Phone #

801-942-2500