

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 FEB -5 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *K9900000 4830*

1. Corporation Name  
*First Southern Guaranty Financial Corp*

2. Principal Office Address  
*125 Plantation Centre Dr*

Suite, Apt. #, etc.  
*Suite 800 A*

City & State  
*Macon Ga*

Zip  
*31210*

3. Mailing Office Address  
*Same*

Suite, Apt. #, etc.

City & State

Zip Country  
*USA*

4. Date Incorporated or Qualified To Do Business in Florida  
*8/25/1998*

5. FEI Number  
*58-2385994*

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
*Florida Compliance Specialists, Inc*  
Street Address (P.O. Box Number is Not Acceptable)  
*2331 Hanson Place*  
Suite, Apt. #, Etc.  
City  
*Tallahassee*  
State  
**FL**  
Zip Code  
*32301*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* - *Florida Compliance* Date *2/5/02*  
REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>President</i>	<i>Anthony D. Proffitt</i>	<i>246 Pebblebrook Lane</i>	<i>Macon, Ga 31220</i>
<i>Secy</i>	<i>Babe W. Proffitt</i>	<i>246 Pebblebrook Lane</i>	<i>Macon Ga 31220</i>

10. 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]* *Anthony D Proffitt* 1-2802 (478) 474-4664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

**FIRST SOUTHERN GUARANTEE  
FINANCIAL CORPORATION**

**125 Plantation Center Dr., Suite 800A**

**Macon, GA. 31210**

**(478) 474-4664**

**(478) 474-8608 FAX**

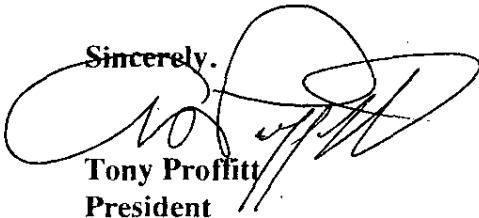
**FLORIDA DEPARTMENT OF STATE**

**When I called and spoke to a representative, I was told that I had returned mail that was sent to a PO Box, and this was the reason my company was not in good standing with the state and my fee to re-instate was \$300.00.**

**When the company stopped receiving mail at the PO box, I thought I notified each department of the correct address. I have received mail from the Department of Banking and Finance in Florida, so I know some one received my change of address.**

**Please accept the attached check and re-instate my company in good standing.**

**Sincerely,**



**Tony Proffitt  
President**



**"Georgia Residential Mortgage Licensee"**

**Member:**

**Central Georgia Better Business Bureau  
Mortgage Bankers Association of Georgia**