

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

00 NOV -2 PM 1:41

DOCUMENT # F98000005984

1. Corporation Name

MAINSTREET MORTGAGE MAKERS, INC.

Principal Place of Business

Mailing Address

550 N REO ST
SUITE 100
TAMPA FL 33609
US

550 N REO ST
SUITE 100
TAMPA FL 33609
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

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1998

5. FEI Number

58-1873488

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
P	HANCY, NORMAN B	600 HOUSE WAY, STE. E-3	ROSWELL GA 30076
VS	HANEY, SALLY ROGERS	600 HOUSE WAY, STE. E-3	ROSWELL GA 30076

800003471028--7
-11/20/00--01137--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GALASSO, MICHAEL
550 N. REO ST., STE. 100
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

JOE CLEMENTE

Street Address (P.O. Box Number is Not Acceptable)

550 N. REO ST. STE 100

Suite, Apt. #, Etc.

STE 100

City

TAMPA

State

FL

Zip Code

33609

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

JOE CLEMENTE
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/00

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

10/31/00 (727) 998-7242
Date Daytime Phone #