

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -3 AM 8:00

DOCUMENT # F98000005984

**1. Corporation Name**

Mainstreet Mortgage Makers, Inc

**2. Principal Office Address**

2002 N Lois Av

Suite, Apt. #, etc.

650

City & State

Tampa, Fl

Zip

33607

Country

USA

**3. Mailing Office Address**

2002 N Lois Av

Suite, Apt. #, etc.

650

City & State

Tampa, Fl

Zip

33607

Country

USA

**REINSTATEMENT**

01-04  
MRD

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

Name

Norman B Haney

Street Address (P.O. Box Number is Not Acceptable)  
2002 N Lois Av

Suite, Apt. #, Etc.

650

City

Tampa

State  
**FL**

Zip Code  
33607

**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

*Norman B Haney*

REGISTERED AGENT MUST SIGN

Date 12/2/2004

**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
P/S/T	Norman B Haney	2002 N Lois Av Suite 650	Tampa, Fl 33607

800043169588  
12/03/04--01033--001 \*\*600.00

**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:**

*Norman B Haney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/2004

Date

813-287-5031

Daytime Phone #

CP2E081 (01/04)

292

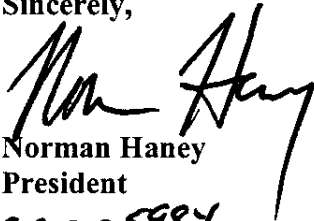
**Mainstreet Mortgage Makers, Inc.**  
2002 N. Lois Ave. Suite 650  
Tampa, Fl 33607  
Phone: 800-224-2111 / 813-287-5031  
Fax: 813-287-5073

**Florida Department of State  
Divisions Corporation  
Corporation Reinstatement  
409 East Gains St.  
Tallahassee, Fl 32399**

**Dear Sir,**

**We did not receive our renewal form for the year 2001. We appreciate your help concerning this matter. Please feel free to call me with any questions.**

**Sincerely,**

  
**Norman Haney  
President**

**F98000005984**