

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

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DOCUMENT # F99000000841

1. Corporation Name

ROYAL MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

2000 EAST LAMAR BLVD  
SUITE 290  
ARLINGTON TX 76006

2000 EAST LAMAR BLVD  
SUITE 290  
ARLINGTON TX 76006



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

8550 Meadowbrook Drive

Suite, Apt. #, etc.

City & State

Fort Worth, TX

Zip

76120

Country

USA

3. New Mailing Office Address, If Applicable

8550 Meadowbrook Drive

Suite, Apt. #, etc.

City & State

Fort Worth, TX

Zip

76120

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1999

5. FEI Number

75-2789132

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	PILGRIM, MICHAEL J	2000 EAST LAMAR BLVD SUITE 290 831 Sailaway Lane # 201	ARLINGTON TX 76008 Naples, FL 34108
DTS	TEINERT, MARK J	2000 EAST LAMAR BLVD SUITE 290 8550 Meadowbrook Drive	ARLINGTON TX 76008 Fort Worth, TX 76120
<del>D</del>	<del>BERGNER, RICHARD F</del>	<del>2000 EAST LAMAR BLVD SUITE 290</del>	<del>ARLINGTON TX 76008</del>
			800004711778--5 12/06/01--01051--012 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

PILGRIM, MICHAEL J

~~8880 PELICAN BAY BLVD, STE 400~~ 831 Sailaway Lane  
#201  
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name Michael J. Pilgrim

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

831 Sailaway Lane

Suite, Apt. #, Etc.

#201

City

Naples

State

FL

Zip Code

34108

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/18/01

AD

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-01

Date

(817) 303-0676

Daytime Phone #