

APPLICATION
FOR
REINSTATEMENT



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

FILED
Dec 18, 2000 8:00 A.M.
Secretary of State

DOCUMENT # **F99000002451**

1. Corporation Name

AMERICAN MORTGAGE AND FINANCIAL CONSULTANTS, IN C.

Principal Place of Business

Mailing Address

~~201 E. BROOKFIELD PARKWAY, STE 120~~
~~GREENVILLE SC 29615~~

~~201 E. BROOKFIELD PARKWAY, STE 120~~
~~GREENVILLE SC 29615~~



REINSTATEMENT *OC*

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

117 E. BUTLER RD
Suite, Apt. #, etc.

117 E. BUTLER RD
Suite, Apt. #, etc.

City & State

City & State

MAULDIN, SC
Zip *29662* Country *GREENVILLE*

MAULDIN, SC
Zip *29662* Country *GREENVILLE*

4. Date Incorporated or Qualified To Do Business in Florida

05/12/1999

5. FEI Number

56-2116207

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
1	2	3	4
P	JOHNS, CLIFFORD M	105 RIVER WALK TERRACE	SIMPSONVILLE SC 29681

800003515538--3
-12/28/00--01039--012
******750.00 ****750.00**

12/12/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNS, OWEN L
6236 147TH AVE. N
CLEARWATER FL 33760

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 607.0505, F.S.

Signature of Registered Agent

Owen L. Johns
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/12/00

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:

Owen L. Johns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
12/12/00
Date
864-627-9007
Daytime Phone #