

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

01 NOV 13 PM 1:26

DOCUMENT # **F99000006466**

1. Corporation Name

**SOUTHEAST MORTGAGE OF GEORGIA, INC.**

Principal Place of Business

**3496 CLUB DRIVE  
LAWRENCEVILLE GA 30044**

Mailing Address

**3496 CLUB DRIVE  
LAWRENCEVILLE GA 30044**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/15/1999**

5. FEI Number

**58-2059073**

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	HAUPT, CAL	1280 LOCHSHYRE WAY	LAWRENCEVILLE GA 30045
V	STRAKA, BEVERLY	2236 LUNCE FORD LANE	LILBURN GA 30047
S	WILLIAMS, ANGIE	2874 ARENDEL DRIVE	LAWRENCEVILLE GA 30044
V	MCELREATH, MICHELLE	188 RUTLEDGE DRIVE	SNELLVILLE GA 30039
V	SHELL, JANICE	188 FIELDSTONE LANE	COVINGTON GA 30016

8. Name and Address of Current Registered Agent

**STRAKA, BEVERLY  
1150 SCENIC HWY 98  
STE 202  
DESTIN FL 32541**

9. Name and Address of New Registered Agent

Name **Beverly Straka**  
Street Address (P.O. Box Number is Not Acceptable)  
**6620 Boca del Mar Dr**  
Suite, Apt. #, Etc.  
**303**  
City **Boca Raton** State **FL** Zip Code **33433**

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

*Beverly Straka*

REGISTERED AGENT MUST SIGN

Date **11/12/01**

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:

*Beverly Straka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/12/01**

Daytime Phone #

**770-279-0220**

CR2E040 (8/01)