

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G23993**

1. Corporation Name

FORTUNE MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

PO BOX 11007MPA ST.
ATTN: CORP. TAX
BIRMINGHAM AL 35228

PO BOX 11007
ATTN: LAW DEPT
BIRMINGHAM AL 35288

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

REINSTATEMENT 03



100024474891

11/06/03--01013--023 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1983

5. FEI Number

59-2272403

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/D	SWAN, ALFRED W JR.	100 NORTH TAMPA ST. #3400	TAMPA FL 33602
D	BALDWIN, JOHN C	100 N TAMPA ST	TAMPA FL
T	MALMAD, SUE	100 NORTH TAMPA ST. #3400	TAMPA FL 33602
AT	KERN, LYNDIA	1901 6TH AVE. NORTH	BIRMINGHAM AL
S	GORDAY, CARL L	1901 6TH AVE N STE 920	BIRMINGHAM AL 35288

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALMAD, SUE
100 NORTH TAMPA ST.
#3400
TAMPA FL 33602

Name

CT Corporation System

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

1200 South Pine Island

Suite, Apt. #, Etc.

City Plantation

State
FL

Zip Code
33324

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. or 617.0505, F.S.

Signature of
Registered Agent

Shelley Savage
REGISTERED AGENT MUST SIGN

Shelley Savage
Vice President

Date

11/4/03

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:

Carl L. Gorday

Carl L. Gorday, Secretary

10-22-2003 205-326-5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)