

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -8 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 55029

1. Corporation Name

FIRST AMERICA MORTGAGE AND
INVESTMENT, INC. ~~THOMAS KENT WETHERELL CONSULTING, INC.~~

Principal Place of Business

Mailing Address

REINSTATEMENT

97-98

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

2. New Principal Office Address, If Applicable

OAK HILL PLANTATION

Suite, Apt. #, etc.

U.S. HWY 27

City & State

LAMONT, FLA

Zip

32336

Country

USA

3. New Mailing Office Address, If Applicable

P.O. BOX 37

Suite, Apt. #, etc.

City & State

LAMONT, FLA.

Zip

32336

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05-03-85

5. FEI Number

59-2592640

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D/T	T.K. WETHERELL	OAK HILL PLANTATION US HWY 27	LAMONT, FL 32336
V/D	THOMAS KENT WETHERELL, II	1800 GOLF TERRACE DR	TALLAHASSEE, FL 32301
V/D/S	VIRGINIA B. WETHERELL	OAK HILL PLANTATION U.S. HWY 27	LAMONT, FL 32336
			4000002551934--5 -06/09/98--01001--001 ***\$935.00 ***\$900.00

8. Name and Address of Current Registered Agent

T.K. WETHERELL
3770 BOBBIN MILL RD.
TALLAHASSEE, FL 32312

9. Name and Address of New Registered Agent

Name

THOMAS KENT WETHERELL, II

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

123 SOUTH CALHOUN STREET

Suite, Apt. #, Etc.

c/o HOPPING GREEN SAMS & SMITH, P.A.

City

TALLAHASSEE

State

FL

Zip Code

32314

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

THOMAS KENT WETHERELL, II
REGISTERED AGENT MUST SIGN

Date

5/30/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-922-8133

CR2E040 (1/98)