

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

1996 OCT 31 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H65632**

1. Corporation Name

NATIONS MORTGAGE CORPORATION

Principal Place of Business

651 E SR 434
STE 116
LONGWOOD FL 32750
US

Mailing Address

BOX 520820
LONGWOOD FL 32752-0820
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-2540564

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	PHILP, E. G.	117 N. W. 100 TERRACE	MIAMI FL
D	FOSTER, WILLIAM L.	2219 BARKWOOD CT.	LAKE MARY FL
D	FOSTER, JUDITH	2219 BARKWOOD CT.	LAKE MARY FL

700001998757-0
-11/07/96-01029-019
***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

FOSTER, WILLIAM L.
2219 BARKWOOD CT.
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

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

William L. Foster
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/29/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

William L. Foster
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM L. FOSTER

Date

Daytime Phone #

10/29/96 407-767-9270