

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION  FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 APR -6 AM 8:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H89621
 1. Corporation Name
The Mortgage Lion, Inc.

2. Principal Office Address <u>10696 St. Augustine Rd</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>327 S. main St</u> Suite, Apt. #, etc.	
City & State <u>Jacksonville, FL</u>		City & State <u>Fitzgerald, GA</u>	
Zip <u>32257</u>	Country <u>US</u>	Zip <u>31750</u>	Country <u>US</u>

100015318041
 04/04/03--01049--027 **450.00

4. Date Incorporated or Qualified To Do Business in Florida <u>12-12-1985</u>	
5. FEI Number <u>59-2611613</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
James C. Bowen

Street Address (P.O. Box Number is Not Acceptable)
10696 St. Augustine Rd.

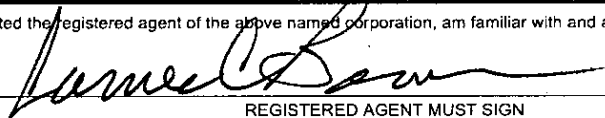
Suite, Apt. #, Etc.

City
Jacksonville,

State
FL

Zip Code
32257

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

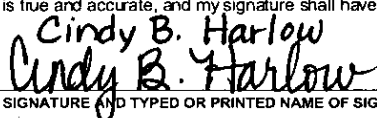
Signature of Registered Agent  Date _____

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	<u>James C. Bowen</u>	<u>10696 St. Augustine Rd</u>	<u>Jacksonville, FL 32257</u>
Sec.	<u>Cindy B. Harlow</u>	<u>327 S. main St.</u>	<u>Fitzgerald, GA 31750</u>

10. 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:  Cindy B. Harlow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/11/03 Daytime Phone # 229-423-7000

CR2E081 (10/02)

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The Mortgage Lion, Inc.

10696 St. Augustine Road
Jacksonville, FL 32257
(904) 886-4343
(904) 262-5513 Fax

March 11, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Non-Receipt of previous Uniform business Reports

To Whom It May Concern:

We wish to request a waiver of reinstatement fee. The Mortgage Lion did not receive the previous uniform business reports. The Mortgage Lion principal office address is 10696 St. Augustine Road, Jacksonville, FL 32257 and the mailing address is 327 S. Main Street, Fitzgerald, GA 31750.

We have enclosed a check in the amount of \$158.75 (\$150 for regular profit corporation filing fee + \$8.50 for a Certificate of Status). We appreciate your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "James C. Bowen".

James C. Bowen
President

Enclosures