

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # J86022

1. Corporation Name

Trust America Mortgage, Inc.

Mailing Address

Principal Place of Business

see below

see below

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

2. New Mailing Address, if Applicable
c/o Thomas W. Hill

3. New Principal Office Address, if Applicable
2503 Del Prado Blvd. S.

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 7, 1987

Suite, Apt. #, etc.
1318 Lafayette Street

Suite, Apt. #, etc.
#503

5. FEI Number

59-2832723

Applied For

Not Applicable

City & State
Cape Coral, FL 33904

City & State
Cape Coral, FL

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)	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
P/T/D	Claire Walker Pope	555 Gaspar Drive	Placida, FL 33946
V/S/D	Rodney B. Pope	555 Gaspar Drive	Placida, FL 33946
AS	Thomas W. Hill	1318 Lafayette Street	Cape Coral, FL 33904

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***308.75 ***308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thomas W. Hill
1318 Lafayette Street
Cape Coral, FL 33904

Name

Street Address (P.O. Box Numbers 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

Thomas W. Hill

REGISTERED AGENT MUST SIGN

Date 9/17/2001

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.