

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 PM 2:58

with
11/4

DOCUMENT # **N22027**

1. Corporation Name

CITRUS CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business

**333 6TH STREET, S.W.
WINTER HAVEN FL 33880**

Mailing Address

**333 6TH STREET, S.W.
WINTER HAVEN FL 33880**



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 08/13/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2946556	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
PD	SHORETTE, CHARMAGNE E	333 6TH STREET S.W.	WINTER HAVEN FL
GD	GARREROU, LEAH <i>delete</i>	141 CENTRAL AVE WEST <i>delete</i>	WINTER HAVEN FL <i>delete</i>
D	CRAWFORD, TRINA	1200 SHADOW DR.	LAKELAND FL
			200002339302--6
			-11705797--01093--005
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

**BRIDGES, LORENE
1274 PAUL RUSSELL RD.
TALLAHASSEE FL 32301**

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 *Charmagne E. Shorett* Date *10-28-97*
REGISTERED AGENT MUST SIGN

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: *Charmagne E. Shorett* Date *10-28-97* Daytime Phone # *941-293-6669*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/97)