

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 19 PM 12:41

DOCUMENT # N22029

1. Corporation Name

South west Chapter of the Florida
Association of Mortgage Brokers, Inc.

2. Principal Office Address - No P.O. Box #

1292 Cedar Center Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1292 Cedar Center Dr.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip
32301

Country

US

City & State

Tallahassee FL

Zip

32301

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/87

5. FEI Number

59-2949864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Melissa Grosvenor

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

1292 Cedar Center Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

M. Grosvenor

Date 5/13/09

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
PR	Crista L. Britton	1801 SW 1st Ave. Cape Coral FL 33991	Cape Coral FL 33991
MD	Marisa McDougall	1415 Panther Ln.	Naples, FL 34109
MD	Beth Kulbacki	1629 NE 44th St.	Cape Coral FL 33993
MD	Ann LoRusso	825 SE 4th Ter #2A	Cape Coral FL 33994
REINSTATEMENT 07-09			
155/20/09			

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 contained in Chapter 119, 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:

C. Britton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/09

Date

239-
209-25

Daytime Phone #

68