

APPLICATION  
• FOR  
REINSTATEMENT



DOCUMENT # **N22499**

### 1. Corporation Name

**VOLUSIA CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.**

Principal Place of Business

Mailing Address

~~687 BEVILLE ROAD~~  
~~SOUTH DAYTONA FL 32110~~  
~~HS~~

~~687 BEVILLE ROAD~~  
~~SOUTH DAYTONA FL 32110~~  
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

09/15/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

5. FEI Number-

59-2892410

Applied For

Not Applicable

Zip 32118

Country

Zip 30118

Country

**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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CAGLE, CHRISTY	140 S ATLANTIC AVENUE	ORMOND BEACH FL 32176
<del>PD</del> PD	MYERS, RUSS MARSH, Taylor	<del>687 BEVILLE ROAD, SUITE C</del> 3 Acclaim	<del>SOUTH DAYTONA FL 32119</del> DAYTONA BEACH, FL 32124
<del>D</del> PE	<del>SPEARMAN, MARY</del> PATRICK, Citip	<del>687 BEVILLS RD SUITE C</del> 32 RIVER BEACH DR.	<del>S DAYTONA FL 32119</del> ORMOND BEACH, FL. 32176
<del>PD</del> D	PATRICK, ANN	32 RIVER BEACH DR.	ORMAND BEACH FL 32176
			600003500616--E -12/13/00--01114--008 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

~~BRIDGES, LORENE~~  
1274 PAUL RUSSELL RD  
STE 1  
TALLAHASSEE-FL-32301

Name KAREN WOODS Smith  
Street Address (P.O. Box Number is Not Acceptable)  
10292 CEDAR CENTER DRIVE  
Suite, Apt. #, Etc.  
SUITE 1  
City TALLAHASSEE State FL Zip Code 32308

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

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

11. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

**KE**

(904) 673-1800  
Daytime Phone #

000254R

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