

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 OCT 10 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N29476*

**1. Corporation Name**

MORTGAGE BANKERS ASSOCIATION OF TALLAHASSEE

*W05-37543*

600060579746  
10/13/05--01048--004 \*\*297.50

**REINSTATEMENT**

*04-25*

**2. Principal Office Address**

3233 THOMASVILLE ROAD

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL. 32308

City & State

SAME

Zip

32312

Country

U.S.

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-1988

**5. FEI Number**

592934382

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

BYRON POTTER

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

HORSEHOE TRAIL,

Suite, Apt. #, Etc.

City

TALLAHASSEE

State  
**FL**

Zip Code  
32312

*8/30/10*

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

*2-2-05*

**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.	ROBERT G. LANE	383 THORNBERG DRIVE	TALLAHASSEE, FLORIDA 32312
PE	MARIANNE ARBULU	<i>1491 Timberlane Road</i>	<i>Tallahassee, FL. 32312</i>
TRE	ABBY SMITH	<i>3233 Thomasville Road</i>	<i>Tell. FL. 32308</i>
SEC	CAROL FRASER	<i>1833 Celtic Rd.</i>	<i>Talla. Fla. 32312</i>
PP	DAN HARRISON	<i>1320 Conservancy Drive</i>	<i>Tell., FL. 32312</i>

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-2-05*

Date

*894-2500*

Daytime Phone #

CR2E081 (01/05)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL.  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MORTGAGE BANKERS ASSOCIATION OF TALLAHASSEE, INC.
2. The principal office address: BRANCH, BANKING AND TRUST, 3233 THOMASVILLE ROAD, TALLAHASSEE, FL.
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 11-1988 Document number: N29476

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BYRON POTTER

3205 HORSESHOE TRAIL

TALLAHASSEE, FL. 32312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT G. LANE

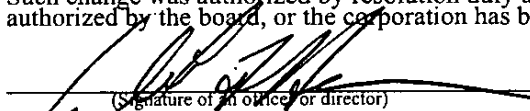
383 THORNBERG DRIVE

(P.O. Box NOT acceptable)

TALLAHASSEE, FLORIDA 32312

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 \_\_\_\_\_  
(Signature of an officer or director)

DANIEL HARRISON/IMMEDIATE PAST PRES.  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 \_\_\_\_\_  
(Signature of Registered Agent)

6-27-05  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314