

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -1 PM 4:00

DOCUMENT # P00000029415

1. Corporation Name

F.Y. Mortgage, Inc.

2. Principal Office Address

3310 W. Cypress Street

Suite, Apt. #, etc.

Suite 202

City & State

Tampa, FL

Zip

33607

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

March 22, 2000

5. FEI Number

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

R. Jeffrey Stull, Esquire, R. Jeffrey Stull, P.A.

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

602 South Blvd, Tampa, FL

Suite, Apt. #, Etc.

City

Tampa

400005291994--7

-04/18/02--01021--002

****900.00 ***900.00

State

FL

Zip Code

33606

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

R. Jeffrey Stull
REGISTERED AGENT MUST SIGN

Date 3/28/02

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
D	Michael Chancey	2801 Leola Lane	Valrico, FL 33594

AD

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: Michael Chancey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

813-758-0634

Daytime Phone #

CR2E081 (8/01)