

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATE
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000029893

1. Corporation Name

MORTGAGE 9-1-1,, INC.

2. Principal Office Address

3617 CROWN POINT RD.

3. Mailing Office Address

3617 CROWN POINT RD.

Suite, Apt. #, etc.

SUITE 7

Suite, Apt. #, etc.

SUITE 7

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32257

Country

DUVAL

Zip

32257

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/00

5. FEI Number

59-3634722

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

LEE H. KROTZER

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

10819 HIDDEN RIDGE COURT 10/24/02--01044--006 **150 00

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32257

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

Lee H. Krotzer

REGISTERED AGENT MUST SIGN

Date 10/22/2002

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 | LEE H. KROTZER | 10819 HIDDEN RIDGE COURT | JACKSONVILLE, FL 32257 |
| SEC | ANGIE D. KROTZER | 10819 HIDDEN RIDGE COURT | JACKSONVILLE, FL 32257 |
| TREA | JAMES W. TRUE | 11497 SHADY MEADOW DRIVE | JACKSONVILLE, FL 32258 |
| | | | |
| | | | |
| | | | |

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

Lee H. Krotzer (LEE H. KROTZER)

10/22/02 204-262-4101

FILED

02 OCT 24 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/01)



Mortgage 9-1-1, Inc.

3617 Crown Point Rd. Suite 7

Jacksonville, FL 32257

Office 904-262-9101

Fax 904-262-9103

lhkrotzer@mortgage9-1-1.com

October 22, 2002

FLORIDA DEPARTMENT OF STATE
JIM SMITH, SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR MR. SMITH:

PLEASE BE ADVISED THAT THE PREVIOUS NOTICES FOR FILING THE
ANNUAL REPORT WERE NOT RECEIVED. PLEASE REINSTATE THIS
CORPORATION.

WITH KINDEST REGARDS,

- MORTGAGE 9-1-1, INC. -


LEE H. KROTZER, PRESIDENT