



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P00000037027**  
 1. Corporation Name  
**ABLE INTERNET MORTGAGE CORPORATION**

Principal Place of Business Mailing Address  
~~717 SORRENTO INLET~~ ~~NOKOMIS FL 34275~~  
 717 SORRENTO INLET NOKOMIS FL 34275

FILED  
 01 OCT 23 PM 5:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2. New Principal Office Address, If Applicable  
**4370 S. TAMiami TR**  
 Suite, Apt. #, etc. **#326**  
 City & State **SARASOTA FL**  
 Zip **34231** Country **SARASOTA**

3. New Mailing Office Address, If Applicable  
**4370 S. TAMiami TR**  
 Suite, Apt. #, etc. **#326**  
 City & State **SARASOTA FL**  
 Zip **34231** Country **SARASOTA**

4. Date Incorporated or Qualified To Do Business in Florida **04/12/2000**

5. FEI Number **65-0999471**  
 Applied For  
 Not Applicable

6. 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 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip  |
|------------|-------------------------------------|--|---|
| D          | GARRISON, WILLIAM                   | 717 SORRENTO INLETS<br>4370 S. TAMiami TR #326   | NOKOMIS FL 34275<br>SARASOTA, FL 34231                          |
|            |                                     |  | 900004674729--2<br>-11/13/01--01004--016<br>***150.00 ***150.00 |
|            |                                     |  | 01 UBR TS   |

8. Name and Address of Current Registered Agent  
**SAMS, LAURIE**  
~~2844 BEE RIDGE #202~~  
~~SARASOTA FL 34233~~

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2815 Proctor Road**  
 Suite, Apt. #, Etc.  
 City **Sarasota** State **FL** Zip Code **34231**

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 *[Signature]* **SIGNATURE REQUIRED** Date **10/15/01**  
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** **WILLIAM A. GARRISON** -14-01 941-321-9223  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/01)

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Able Internet Mortgage  
4370 S. Tamiami Tr # 326  
Sarasota, Fl. 34231

Florida Dept of State  
Reinstatement Dept  
10-16-01

We did not ever receive the 2001 Uniform Business Report and since we are a new business didn't realize that this report was due. We spoke to your department and have completed the reinstatement along with a check for \$150.00.

Please accept our apologies and thanks for helping us resolve this matter.

Sincerely,



Bill Garrison, president  
Able Internet Mortgage Corp

