

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074009

1. Corporation Name

DESTINY MORTGAGE GROUP, INC.

Principal Place of Business

1528 N. POWERS DRIVE
ORLANDO FL 32818

Mailing Address

1528 N. POWERS DRIVE
ORLANDO FL 32818

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable TR
750 S. ORANGE BLOSSOM

Suite, Apt. #, etc.

SUITE 256

City & State
ORLANDO, FL

Zip
32805

Country

ORANGE

3. New Mailing Office Address, If Applicable TR
750 S. ORANGE BLOSSOM

Suite, Apt. #, etc.

SUITE 256

City & State
ORLANDO, FL

Zip
32805

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/2000

5. FEI Number

39-3663409

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	YOUNG, WILLIAM L	1528 N. POWERS DRIVE 4427 S. KIRKMAN RD, #N206	ORLANDO FL 32818 32811
D	LONG, LURENE	3626 LAKE LAWNE AVENUE	ORLANDO FL 32808
			300004765313--1 -01/10/02--01069--022 *****750.00 *****750.00
			REINSTATEMENT 01/18
			300004765313--1 -01/10/02--01069--023 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

YOUNG, WILLIAM L

1528 N. POWERS DRIVE
ORLANDO FL 32818

32811

4427 S. KIRKMAN RD #N206

9. Name and Address of New Registered Agent

Name

WILLIAM L. YOUNG

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

4427 S. KIRKMAN RD, #N206

Suite, Apt. #, Etc.

N206

City

ORLANDO

State

FL

Zip Code

32811

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

WILLIAM L. YOUNG
REGISTERED AGENT MUST SIGN

Date 12-20-01

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:

WILLIAM L. YOUNG (PRES.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/01

Date

Daytime Phone #

407-293-9679

CR2E040 (8/01)