

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Anchor Mortgage Services of Ocala, Inc.

2. Principal Office Address

752 E Silver Springs Blvd

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34470

Country

USA

3. Mailing Office Address

752 E Silver Springs Blvd

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34470

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/2000

5. FEI Number

59-3675933

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

Rogers, Timothy F

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

752 East Silver Springs Boulevard

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

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

Timothy F. Rogers
REGISTERED AGENT MUST SIGN

Date 10-10-03

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.	Rogers, Timothy F	752 E Silver Springs Blvd	Ocala/FL/34470

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:

Timothy F. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy F. Rogers

(352) 867-7277

Date

Daytime Phone #

CR2E081 (10/02)