

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN -9 PM 4:58

DOCUMENT # P00000087387

1. Corporation Name

THE LOAN CONNECTION, INC.

Principal Place of Business

2324 FOXHAVEN DR., EAST
JACKSONVILLE FL 32224

Mailing Address

2324 FOXHAVEN DR., EAST
JACKSONVILLE FL 32224



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

59-3733648

09/12/2000

5. FEI Number

~~24-00161556-822~~

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
P	GERALD E WATTERSON JR	2324 FOXHAVEN DR E	JACKSONVILLE FL 32224
VP	GERALD E WATTERSON III	2324 FOXHAVEN DR E	JACKSONVILLE FL 32224
S/P	LESLIE T SHARPE	2324 FOXHAVEN DR E	JACKSONVILLE FL 32224

2000004782812--2
-01/17/02--01077--006
***600.00 ***600.00

8. Name and Address of Current Registered Agent

WATTERSON, GERALD E JR.
2324 FOXHAVEN DR., EAST
JACKSONVILLE FL 32224

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

2000004782812--2
-01/17/02--01077--007
***150.00 ***150.00
FL Zip Code

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

Gerald E Watterson Jr

REGISTERED AGENT MUST SIGN

Date

10/17/01

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:

Gerald E Watterson Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/01

Daytime Phone #

CR2E040 (8/01)