

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 16 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800006531568--3  
-07/19/02--01056--001  
\*\*\*\*300.00 \*\*\*\*300.00

DOCUMENT # P0000095188

**1. Corporation Name**

Integrity Mortgage of Lakeland Co.

**2. Principal Office Address**

123 N. Kentucky Ave.

Suite, Apt. #, etc.

202

City & State

Lakeland, FL

Zip

33813

Country

USA

**3. Mailing Office Address**

P.O. BOX 92445

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33810

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10-09-2000

**5. FEI Number**

59-3639317

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

Greg Jenkins

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

101 Towering Pines Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6-28-02

**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
P	Kathleen Jenkins	630 Christina Lake Dr.	Lakeland, FL 33813

**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:

*Kathleen Jenkins* / Kathleen Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

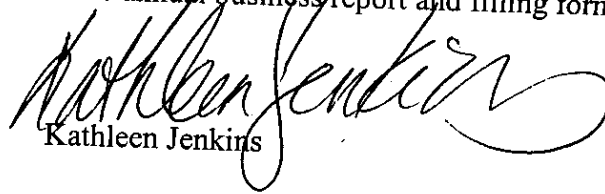
6-28-02

Daytime Phone #

(863) 607-9910

To whom it may concern:

Integrity Mortgage of Lakeland requests that all late fees be cancelled. This is due to the fact of non receipt of notices for the annual business report and filling forms. Thank you and our sincere apologies.

  
Kathleen Jenkins