

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P00000095188
Integrity Mortgage of Lakeland

2. Principal Office Address

123 N. Kentucky Ave.

Suite, Apt. #, etc.

202

City & State

Lakeland, FL

Zip

33802 Polk

3. Mailing Office Address

630 Christina Lake Dr

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33813

Country

Polk

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

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

Gregory Jenkins

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

630 Christina Lake Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

100019856201

05/26/03--01001--001 **921.00

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

5/22/03

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
P/S	Kathleen Jenkins	630 Christina Lake Dr. Lakeland, FL 33	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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/22/03

Daytime Phone #

(863) 709-1252

CR2E081 (10/02)