

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -6 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000003304

1. Corporation Name

CLEARWATER MORTGAGE ACCEPTANCE CORP

2. Principal Office Address

925 SE 17th ST

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34471

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-5-01

5. FEI Number

56-2426236

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

JAMES VINSON

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

925 SE 17th ST

Suite, Apt. #, Etc.

City

Ocala, FL

State

FL

Zip Code

34471

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 1-14-04

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
<u>D</u>	<u>JAMES VINSON</u>	<u>925 SE 17th ST</u>	<u>Ocala, FL 34471</u>

03-041TS

**REINSTATEMENT**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

1-14-04

Daytime Phone #

352-368-2288

CR2E081 (10/02)

CLEARWATER MORTGAGE



925 S.E. 17th Street, Suite A • Ocala, Florida • 34471  
352.368.2288 • Fax 352.368.9677

*Page 2 of 2*

January 14, 2004

Dept of State  
Div of Corporations  
409 E Gaines St  
Tallahassee, FL 32399


RE: P01000003304 / Waiver for Re-instatement

To Whom It May Concern:

We request a ewaiver of the re-instatement fee due to the fact our Uniform Business Report was never received.

Please Advise 866-298-CMAC

Sincerely

  
James Vinson