

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -4 PM 3:13

DOCUMENT # P01000026128

1. Corporation Name

FRUITFUL MORTGAGE BROKERAGE SERVICES, INC.

Principal Place of Business

6880-46TH AVENUE NORTH  
SUITE 240  
ST. PETERSBURG FL 33709

Mailing Address

6880-46TH AVENUE NORTH  
SUITE 240  
ST. PETERSBURG FL 33709



2002 UBR

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	REED, JOHN W	6880-46TH AVENUE NORTH, SUITE 24	ST. PETERSBURG FL 33709

900009355529  
12/04/02--01084--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REED, JOHN W  
6880-46TH AVENUE NORTH  
SUITE 240  
ST. PETERSBURG FL 33709

Name

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

Suite, Apt. #, Etc.

City

State

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. or 617.0505, F.S.

Signature of  
Registered Agent

*John W Reed*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/22/02

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)(l), 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:

*John W Reed*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 727-639-0823

CR2E040 (8/02)

2052

**Fruitful Mortgage Brokerage Services, Inc.  
6880-46<sup>th</sup> Avenue North Ste.240  
St. Petersburg, FL 33709  
(727) 541-9894**

**October 22, 2002**

**Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327**

**RE: Annual Corporate Report  
Document #P01000026128**

**Dear Sirs:**

**Enclosed, please find a check in the amount of \$150.00 for the filing fee for Fruitful Real Estate Services, Inc. Please be advised that the two prior uniform business reports for this company were NOT received by our office, however the other seven companies owned by myself were. Therefore, I would like to request that the filing reinstatement penalty fee be waived, if possible.**

**Please contact me should you have any questions or concerns.**

**Sincerely,**

  
**John W. Reed**

**President/Officer for Fruitful Mortgage Brokerage Services, Inc.**