

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 26 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030951

1. Corporation Name

PALM BAY MORTGAGE & LOANS COMPANY

Principal Place of Business

16507 CRANWOOD PL
TAMPA FL 33618

Mailing Address

16507 CRANWOOD PL
TAMPA FL 33618

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3705364

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BROWN, JOHN E	16507 CRANWOOD PL	TAMPA FL 33618
D	BROWN, MONICA	16507 CRANWOOD PL	TAMPA FL 33618

600009220746
11/26/02--01030--017 **150.00

8. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ.
401 S LINCOLN AVE
CLEARWATER FL 33756

Resigned

9. Name and Address of New Registered Agent

Name

KATHY GONZALEZ

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

17815 Jamestown Way

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33549

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/20/02

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/02

Daytime Phone #

813 963 2211

CR2E040 (8/02)

Palm Bay Mortgage

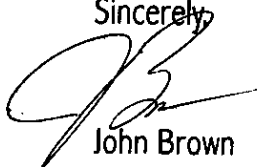
A Licensed Mortgage Brokerage Business since 1996
Phone: (813) 963-2211 Fax: (813) 908-6504
Email: PalmBayMort1@aol.com

Florida Department of State

Enclosed is the reinstatement application I received in the mail. We changed to an S-Corp May-7-2001. I have not received any previous UBR notices, otherwise I would have completed and sent back.

I am enclosing a check for \$150.00. I am sorry for any confusion.

Sincerely,



John Brown
President