

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 DEC 23 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053967

1. Corporation Name

MAYER MORTGAGE COMPANY.

Principal Place of Business

610 DELTONA BLVD STE A  
DELTONA FL 32725

Mailing Address

610 DELTONA BLVD STE A  
DELTONA FL 32725

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

05/15/2001

Suite, Apt. #, etc.

1084 TOUCHWOOD DRIVE

Suite, Apt. #, etc.

1084 TOUCHWOOD DRIVE

City & State

DELAND, FL

City & State

DELAND, FL

Zip 32724

County

VOLUSIA

Zip 32724

County

VOLUSIA

5. FEI Number

90-0025719

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MAYER, ROBERT D	1084 TOUCHWOOD DR	DELAND FL 32724
DV	MAYER, BETTY W	1084 TOUCHWOOD DR	DELAND FL 32724

000008802290

11/05/02--01033--029 \*\*221.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAYER, ROBERT D  
610 DELTONA BLVD STE A  
DELTONA FL 32725

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

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

Daytime Phone #

11/1/02 386-734-9992

CFR2040 (8/02)

**Mayer Mortgage Company  
1084 Torchwood Drive  
DeLand, FL 32724-9401  
(386) 734-9992 FAX (386) 738-5733  
Bob Mayer, Manager**

November 1, 2002

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32314

Subject: Reinstatement

Gentlemen,

Enclosed please find my check for \$221.25 for filing fee for reinstatement of my corporation in the State of Florida.

The reason for my late application is that I moved my organization in the Spring of 2002. I never received any notification probably due to the move and my accountant was having personal difficulties at the time.

My new address for Mayer Mortgage Company is 1084 Torchwood Drive, DeLand, FL 32724-9401. I apologize for my tardiness and I thank you for your consideration.

Respectfully,



Robert D. Mayer  
President