

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P01000059359

1. Corporation Name

PEOPLES SOURCE MORTGAGE, INC.

Principal Place of Business

3401 SOUTHSIDE BOULEVARD
JACKSONVILLE FL 32246

Mailing Address

3401 SOUTHSIDE BOULEVARD
JACKSONVILLE FL 32246

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

2. New Principal Office Address, If Applicable

~~4600 TOUCHTON RD EAST~~

3. New Mailing Office Address, If Applicable

~~4600 TOUCHTON RD EAST~~

Suite, Apt. #, etc.

~~8106 100 SUITE 150~~

Suite, Apt. #, etc.

~~8106 100 SUITE 150~~

City & State

~~JACKSONVILLE FL~~

City & State

~~JACKSONVILLE FL~~

Zip

~~32246~~

Country

~~USA~~

Zip

~~32246~~

Country

~~USA~~

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	LOPEZ, LUIS F	3401 SOUTHSIDE BOULEVARD	JACKSONVILLE FL 32246

8. Name and Address of Current Registered Agent

LOPEZ, LUIS F
3401 SOUTHSIDE BOULEVARD
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name

LOPEZ, LUIS F

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

~~4600 TOUCHTON RD EAST~~

Suite, Apt. #, Etc.

~~BLDG 100 SUITE 150~~

City

~~JACKSONVILLE~~

State

~~FL~~

Zip Code

~~32246~~

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

REGISTERED AGENT MUST SIGN

Date

10/31/13

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:

Luis F Lopez

10/31/13

904-616-7910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #