

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 29 PM 3: 19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P01000068032
Key Pointe Mortgage + Investments, Inc

2. Principal Office Address

8565 Mallory Rd
Suite, Apt. #, etc.
Suite 102

3. Mailing Office Address

P.O. Box 41234
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville FL

Zip

32220

Country

Duval

Zip

32203

Country

Duval

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593727895

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

Denise Y. Newton

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

8565 Mallory Rd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32220

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

Date

REGISTERED AGENT MUST SIGN

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
President	Denise Y. Newton	8565 Mallory Rd	Jacksonville, FL. 32220

200039084962

07/14/04--01005--019 **308.75

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:

Denise Y. Newton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04

Date

Daytime Phone #

CR2E081 (01/04)

June 28, 2004

To Whom It may Concern,
I did not receive notification
for Annual fees to be paid,
I am requesting assistance with
this matter.

Denise Newton
N.Y.C.