

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070815

1. Corporation Name

FLORIDA MORTGAGE LOAN CORPORATION

Principal Place of Business

1918 SEMINOLE RD  
ATLANTIC BEACH FL 32233

Mailing Address

1918 SEMINOLE RD  
ATLANTIC BEACH FL 32233

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

2. New Principal Office Address, If Applicable

2016 Marye Brant Loop N

Suite, Apt. #, etc.

City & State

Neptune Beach

Zip 32266

Country Duval

3. New Mailing Office Address, If Applicable

2016 Marye Brant Loop N

Suite, Apt. #, etc.

City & State

Neptune Beach

Zip 32266

Country Duval

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/2001

5. FEI Number

59-3731346

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
P	COOP, MATTHEW S	1918 SEMINOLE RD 2016 Marye Brant Loop N	ATLANTIC BEACH FL 32233 Neptune Beach FL 32266

800023750228  
10/13/03--01066--020 \*\*150.00

8. Name and Address of Current Registered Agent

COOP, MATTHEW S  
1918 SEMINOLE ROAD  
ATLANTIC BEACH FL 32233

9. Name and Address of New Registered Agent

Name

Coop, Matthew S

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

2016 Marye Brant Loop N.

Suite, Apt. #, Etc.

City

Neptune Beach

State

FL

Zip Code

32266

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

*Matthew S. Coop*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

*Matthew S. Coop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03 (904) 247-9819  
Date Daytime Phone #

CR2E040 (7/03)

# Florida Mortgage Loan Corporation

LICENSED MORTGAGE BROKER BUSINESS

Department of State,

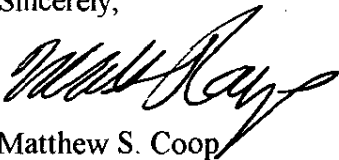
I was shocked to receive this information and our goal is to correct it ASAP. I did not receive the prior two UBR notices.

Enclosed is a check for reinstatement.

I want to confirm that this information will be updated to current status in your records and more important on SUNBIZ ASAP. I also want to confirm that this negative mark will be deleted; we are in a business where it is crucial to have active status with no breaks!

Please reply by email or phone at your earliest convenience.

Sincerely,



Matthew S. Coop  
President

[www.flmtgloan.com](http://www.flmtgloan.com)