

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000078192

1. Corporation Name

TASK MORTGAGE GROUP, INC.

Principal Place of Business

5979 VINELAND ROAD
SUITE 213
ORLANDO FL 32819

Mailing Address

5979 VINELAND ROAD
SUITE 213
ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 OCT -9 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2001

5. FEI Number

59-3737450

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
PD	SCOTT, ANTHONY T	7842 BRIDGESTONE DRIVE	ORLANDO FL 32835
TD	SCOTT, SHERRY	7842 BRIDGESTONE DRIVE	ORLANDO FL 32835

100023672991
10/09/03--01067--027 **758.75

8. Name and Address of Current Registered Agent

SCOTT, ANTHONY T
7842 BRIDGESTONE DRIVE
ORLANDO FL 32835

9. Name and Address of New Registered Agent

Name ANTHONY T SCOTT
Street Address (P.O. Box Number is Not Acceptable)
7644 ST STEPHENS CT
Suite, Apt. #, Etc.

City ORLANDO

State FL

Zip Code 32835

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 10-8-03

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:

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

Date

Daytime Phone #

10-8-03

CR2E040 (7/03)