

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **001000079415**

1. Corporation Name **Accelerated Mortgages
of SW, FL, INC.**

000024764140
11/17/03--01099--017 **758.75

REINSTATEMENT 2003

2. Principal Office Address

917 SE 13th AVE
Suite, Apt. #, etc.

3. Mailing Office Address

917 SE 13th AVE
Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip **33990** Country **USA**

City & State

Cape Coral FL

Zip **33990** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

8/8/01

5. FEI Number

65-1127067

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

Angelica Manke

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

1718 SE 28th ST

Suite, Apt. #, Etc.

City

Cape Coral, FL

State

FL

Zip Code

33904

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

Angelica Manke
REGISTERED AGENT MUST SIGN

Date **11/14/03**

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
DP	Angelica Manke	1718 SE 28th ST	Cape Coral, FL 33904
DVST	Brian Manke	1718 SE 28th ST	Cape Coral, FL 33904

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/03

Daytime Phone #

239-242-7377

CR2E081 (10/02)