

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 19 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000079726

1. Corporation Name

Mortgage Companion, Inc.

2. Principal Office Address

218 E. Pine St.

Suite, Apt. #, etc.

Suite 1

City & State

Lakeland, FL

Zip

33801

Country

US

3. Mailing Office Address

P.O. Box 2458

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33803

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

8/14/2001

5. FEI Number

59-3747315

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

James W. Lowe

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

218 E. Pine St

Suite, Apt. #, Etc.

Suite 1

City

Lakeland

State

FL

Zip Code

33801

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

REGISTERED AGENT MUST SIGN

Date

12/4/02

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	James W. Lowe	2626 Nevada Rd	Lakeland, FL 33803
VP	Emilio Montero	77 Woodside Dr.	Lakeland, FL 33813
VP	Gus V Palas	2325 Jonika Ave	Lakeland, FL 33803
VP	Samuel T. Bowles	1145 Sugartree Dr. South	Lakeland, FL 33813

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

12/4/02

Daytime Phone #

863-686-0996

CR3E081 (9/01)

P. O. Box 2458  
Lakeland, FL 33806  
Telephone: (863) 686-0996  
Fax: (863) 686-1557

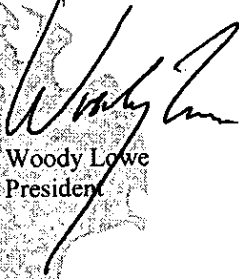
# Mortgage Companion, Inc.

December 5, 2002

Dear Corporation Division,

Enclosed is the application for reinstatement for my corporation Mortgage Companion, Inc. I never received a UBC report and requesting that you reinstate Mortgage Companion, Inc. and waive any reinstatement fees. If you have any questions please give me a call.

Sincerely,



Woody Lowe  
President

VALUED PROTECTION