

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 22 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000691331**

1. Corporation Name

Township Mortgage, Inc.

2. Principal Office Address

13617 N. Florida Ave.

Suite, Apt. #, etc.

City & State

Tampa, Florida 33613

Zip

33613

Country

US

3. Mailing Office Address

13617 N. Florida Ave.

Suite, Apt. #, etc.

City & State

Tampa, Florida 33613

Zip

33613

Country

US

REINSTATEMENT 03-09

700033471957
04/21/04--01072--002 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3745655

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

Donald Burkett

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

13617 North Florida Avenue

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33613

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

[Signature]

Date **4-13-04**

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
V, T	Donald L. Burkett	13617 N. Florida Avenue	Tampa, FL 33613
P, S	Ralph M. Barlow	13617 N. Florida Avenue	Tampa, FL 33613

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

4-13-04

Date

813.972.1000

Daytime Phone #

CR2081 (01/04)

TOWNSHIP MORTGAGE, inc.



April 1, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Reinstatement Department

RE: Township Mortgage P01000091331 Fed ID# 59-3745655

Due to the fact that we did not receive an Annual Renewal Postcard, my accounting department looked up on line to try to download the form and noticed that the status showed inactive. She immediately called the reinstatement number and spoke with Justin who advised her that a letter was mailed from your office in May due to the fact that a signature was missing in the Registered Agent area of the report. We did not receive this letter and did not realize that there was any problem. Justin informed my employee that we needed to complete your Corporation Reinstatement form which is attached. We are hoping that you will waive the reinstatement fee due to the fact that we did not receive your letter and did not know there was a problem. We have attached a check for the 2004 fee.

Please call me if you have any questions.

Respectfully,



Donald L Burkett