

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 # P02000019196

1. Corporation Name

ALL MORTGAGE PRO CORP.

Principal Place of Business

6672 BANBURY ROAD
JACKSONVILLE FL 32277

Mailing Address

6672 BANBURY ROAD
JACKSONVILLE FL 32277

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

2. New Principal Office Address, If Applicable

6672 Banbury Rd
Jacksonville

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2002

5. FEI Number

15-2993171

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
PD	LEE, LEE S	6672 BANBURY ROAD	JACKSONVILLE FL 32277 32211
			600032593006 04/27/04--01085--019 **150.00
			600032593006 04/13/04--01039--002 **150.00

8. Name and Address of Current Registered Agent

PEPER, RICHARD C JR.
3030 HARTLEY ROAD
SUITE 150
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name Richard C. Peper Jr.
Street Address (P.O. Box Number is Not Acceptable)
8833 Perimeter Park Blvd #602
Suite, Apt. #, Etc. 602
City Jacksonville State FL Zip Code 32216

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

REGISTERED AGENT MUST SIGN

Date 4-27-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-04

CR2E040 (7/03)