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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO2000109277**

1. Corporation Name

**FAITH MORTGAGE COMPANY AND FINANCIAL
SERVICES, INC**

2. Principal Office Address

2033 W. PARKER ST.

Suite, Apt. #, etc.

3. Mailing Office Address

2033 W. PARKER ST.

Suite, Apt. #, etc.

City & State

LAKELAND, FL.

City & State

LAKELAND, FL.

Zip

33815

Country

POLK

Zip

33815

Country

POLK

4. Date Incorporated or Qualified
To Do Business in Florida

10-9-2002

5. FEI Number

37144444-8

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

SHARON F. BOSS

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

4139 ROLLING GROVE COURT

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33810

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

Sharon F. Boss

REGISTERED AGENT MUST SIGN

Date

4/29/04

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
PD	BOSS, SHARON F.	4139 ROLLING GROVE CT.	LAKELAND, FL. 33810
VD	BOSS, WILLIAM J.	4139 ROLLING GROVE CT.	LAKELAND, FL. 33810
SD	LESTER, CYNTHIA E	715 N. BRUNNELL PKWY	LAKELAND, FL. 33815
TD	STATON, BESSIE	523 1/2 QUINCY ST	LAKELAND, FL. 33805

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:

Sharon F. Boss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #

-863-86-2511

CR2E081 (01/04)

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Mrs. Sharon F. Boss
4132 Halfway Cr. Court
Littleton, CO - 80120

Mr. Andy Dunlap
Quinn's Corporation
P.O. Box 327
Tallahassee, FL 32314

Re: Certificate # P0200109277
FIN # 37-1444448

Dear Mr. Dunlap:

As per your conversation with Mr. Wayne Stewart my account, please find enclosed a completed form for reinstatement. I did not receive the annual report notice and as a result I respectfully request a waiver of all penalties.

Enclosed is a Corporation Check for 300.00 covering delinquent period 2003 and current period 2004. Thank you for your help and kindness in this effort.

Sincerely,

Sharon F. Boss