

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000109648

1. Corporation Name

FLORIDA MORTGAGE NETWORK OF COLLIER COUNTY, INC.

Principal Place of Business

Mailing Address

4280 TAMiami TR E STE 101
NAPLES FL 34112

4280 TAMiami TR E STE 101
NAPLES FL 34112



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
in Florida

10/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

55-0807216

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT\$	MULLIGAN, JOSEPH F	1881 CASCADE CT	MARCO ISLAND FL 34145
VS	MULLIGAN, VIRGINIA A	1881 CASCADE CT	MARCO ISLAND FL 34145

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MULLIGAN, JOSEPH F
1881 CASCADE CT.
MARCO ISLAND FL 34145

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

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:

Joseph F. Mulligan
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

FLORIDA MORTGAGE NETWORK, INC.

October 24, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

Re: Florida Mortgage Network of Collier County, Inc.

To whom it may concern:

Enclosed herewith, please find a check for the sum of \$150.00 to cover the reinstatement fee for the above entitled corporation, together with a completed Application for Reinstatement. Please note the corrections made on the Application for Reinstatement.

My office did not receive the prior uniform business report notices which were apparently sent to 4280 Tamiami Tr. E., STE 104, our previous address. We have had trouble with the mail in the past, but have since resolved the problem with our letter carrier.

Very truly yours,



J. F. Mulligan
President

JFM/br

ENC.