

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 24 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000122251

1. Corporation Name

FREE SPIRIT MORTGAGES, INC.

2. Principal Office Address

9853 N. TAMIAH TRAIL

Suite, Apt. #, etc.

214

City & State

NAPLES, FL

Zip

34108

Country

USA

3. Mailing Office Address

9853 N. TAMIAH TRAIL

Suite, Apt. #, etc.

214

City & State

NAPLES, FL

Zip

34108

Country

USA

JR

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-2003

5. FEI Number

030491959

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

ROLAND A. MILDNER

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

4722 WEST BLVD.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34108

000029296100

02/24/04--01021--009 **900.00

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

Roland A. Mildner

Date

2/17/2004

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
	AS ABOVE - NO ONE ELSE IS A		
	PART OF FREE SPIRIT MORTGAGES		
P	ROLAND A. MILDNER	4722 WEST BLVD.	NAPLES, FL 34108

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:

Roland A. Mildner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/2004

Daytime Phone #

239-404-4519

CR2E081 (01/04)