

2004 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P03000008045

1. Entity Name
TAYLOR MORTGAGE CORP.

FILED

04 OCT 29 PM 2:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 6805 LIVE OAKS DR COLUMBUS, GA MUSCO-GEE US	Mailing Address 6805 LIVE OAKS DR COLUMBUS, GA MUSCO-GEE US
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2. Principal Place of Business 6702 Camden Bay Dr Suite, Apt. #, etc. #203	3. Mailing Address 6702 Camden Bay Dr Suite, Apt. #, etc. #203
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10212004 REIN-P CR2E098 (6/04)

City & State Tampa FL	City & State Tampa FL 33635	4. FEI Number 06-1675406	Applied For <input type="checkbox"/> Not Applicable
Zip 33635	Country U.S.	Zip 33635	Country U.S.

6. Name and Address of Current Registered Agent

**LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **DOUGLAS A. HARRISON**

Street Address (P.O. Box Number is Not Acceptable)
44 WEST FLAGLER STREET, SUITE 675

City **MIAMI** State **FL** Zip Code **33130**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Douglas A. Harrison* (NOTE: Registered Agent signature required when reinstating) DATE: 10/25/2004

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
President Joey Taylor 6702 Camden Bay Dr #203 Tampa FL 33635	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200042314012 10/29/04--01052--015 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joey Taylor* **Joey Taylor** DATE: 10/21/04 DAYTIME PHONE #: 813-855-8122