

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P03000025247
SPM MORTGAGE CORP

REINSTATEMENT

FILED

07 NOV -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-07

RES

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

2500 WINDWARD COURT

3. Mailing Office Address

2500 WINDWARD COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32805

Country

USA

Zip

32805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

43-2017628

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

ALICE MCGROVER

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

2500 WINDWARD COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32805

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Alice McGrover

Date 10/30/07

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
P	ALICE MCGROVER	2500 WINDWARD CT	ORLANDO FL 32805
VP	SEAN MCGROVER	2500 WINDWARD CT	ORLANDO FL 32805

400112011894
11/05/07--01058--013 **635.00

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 contained in Chapter 119, 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:

Alice McGrover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/07

Date

(407) 765-0341

Daytime Phone #

Document corrected per Sean McGrover. RES