

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000124795

**FILED**  
**Jun 11, 2013**  
**Secretary of State**

**Entity Name:** RE-SOURCE CAPITAL MORTGAGE, INC.

**Current Principal Place of Business:**

139 SOUTH END STREET  
SAINT AUGUSTINE, FL 32095

**New Principal Place of Business:**

1757 SOUTHCREEK DR  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

139 SOUTH END STREET  
SAINT AUGUSTINE, FL 32095

**New Mailing Address:**

1757 SOUTHCREEK DR  
SAINT JOHNS, FL 32259

**FEI Number:** 71-0955753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PARKWAY SUITE 300  
TAMPA, FL 336372087 US

**Name and Address of New Registered Agent:**

RAFFERTY, MICHAEL F  
1757 SOUTHCREEK DR  
SAINT JOHNS, FL 32259 US

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.

SIGNATURE: MICHAEL F. RAFFERTY

06/11/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILLIAMS, WILLIAM  
Address: 6182 CLEARSKY DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S  
Name: RAFFERTY, MICHAEL F  
Address: 1757 SOUTHCREEK DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: P  
Name: DAVIS, MARCUS F  
Address: 1757 SOUTHCREEK DR  
City-St-Zip: SAINT JOHNS, FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL F. RAFFERTY

MR

06/11/2013

Electronic Signature of Signing Officer or Director

Date