

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 17 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000122938

1. Corporation Name

Provident Title and Mortgage, Inc.

200163725992
12/17/09--01037--021 **508.75

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box # 206 S. Marion Ave. Suite, Apt. #, etc.		3. Mailing Office Address 206 S. Marion Ave. Suite, Apt. #, etc.	
City & State Lake City, FL		City & State Lake City, FL	
Zip 32025	Country USA	Zip 32025	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/25/2004	
5. FEI Number 11-3747885	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Duane E. Thomas		
Street Address (P.O. Box Number is Not Acceptable) 206 S. Marion Ave. Suite, Apt. #, Etc.		
City Lake City	State FL	Zip Code 32025

☐ 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

Duane E. Thomas

REGISTERED AGENT MUST SIGN

Date December 14, 2009

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
Pres/Dir	Duane E. Thomas	206 S. Marion Ave.	Lake City, FL 32025
Sec/Dir	Robert Cabral Jr.	206 S. Marion Ave.	Lake City, FL 32025
	<i>12/18</i>		

10. E-mail Address: duane@duanethomas.org

(To be used for future annual report notification)

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. I further certify 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:

Duane E. Thomas

Duane E. Thomas

12/14/09

386-623-2642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #