

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P05160

1. Corporation Name

CHEMICAL MORTGAGE COMPANY

Principal Place of Business

200 OLD WILSON BRIDGE ROAD
WORTHINGTON OH 43085

Mailing Address

200 OLD WILSON BRIDGE ROAD
WORTHINGTON OH 43085

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3415 VISION DR

Suite, Apt. #, etc.

City & State

COLUMBUS, OHIO

Zip

43219

Country

3. New Mailing Office Address, If Applicable

343 Thornall Street

Suite, Apt. #, etc.

7th Fl - Attn: Nikki Jordan

City & State

Edison, New Jersey

Zip

08837

Country



REINSTATEMENT

08-99

4. Date Incorporated or Qualified To Do Business in Florida

03/01/1985

5. FEI Number

31-4360421

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ROTELLA, STEPHEN J.	200 OLD WILSON BRIDGE RD - 343 THORNALL STREET	WORTHINGTON OH EDISON, NJ 08837
V	GERALD, GEOTZ	200 OLD WILSON BRIDGE RD -	WORTHINGTON OH -
T	REIK, EDWARD A.	200 OLD WILSON BRIDGE RD	WORTHINGTON OH 43085
D	MOURIDY, GLENN	277 PARK AVENUE - 343 THORNALL STREET	NEW YORK NY EDISON, NJ 08837
S	LORI S. RUBIN	343 THORNALL STREET	EDISON, NJ 08837

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002798762-5

03/09/99-01016-017

******900.00 ****900.00**

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date **3/31/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Lori S. Rubin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORI S. RUBIN, SECRETARY

11/24/98

(732) 205-0640

Date Daytime Phone