

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 22 PM 4:00

DOCUMENT # P93000025402

1. Corporation Name

Express Mortgage Company, Incorporated

2. Principal Office Address

31 SW Riverway Blvd.

Suite, Apt. #, etc.

City & State

Palm City FL

Zip Country
34990 US

3. Mailing Office Address

31 SW Riverway Blvd.

Suite, Apt. #, etc.

City & State

Palm City FL

Zip Country
34990 US

4. Date Incorporated or Qualified
To Do Business in Florida

4/2/93

5. FEI Number

650391944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeanne Emiddio

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

31 SW Riverway Blvd.

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

900005081009-3

-03/11/02--01063--020

****300.00 ****300.00

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

Jeanne Emiddio

REGISTERED AGENT MUST SIGN

Date 2/14/02

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/D	Jeanne Emiddio	31 SW Riverway Blvd	Palm City, FL 34990
T	Jeanne Emiddio	31 SW Riverway Blvd	Palm City, FL 34990
S/D	Jeanne Emiddio	31 SW Riverway Blvd	Palm City, FL 34990
V/D	Jeanne Emiddio	31 SW Riverway Blvd	Palm City, FL 34990

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 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:

Jeanne Emiddio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/02

Daytime Phone #

561 220 3555

CR2E081 (9/01)

February 14, 2002,

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I am requesting re-instatement due to the fact that the address you had on file was incorrect and I never received 2001 notices. also, please waive the re-instatement fee of \$600⁰⁰. Thanking you in advance for your cooperation.

Sincerely,

Jeanne Emiddio
Jeanne Emiddio

Express Mortgage Company, Inc.
31 SW Riverway Blvd.
Palm City, FL 34990
561 220-3455