

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 # **P94000034337**

1. Corporation Name

**APALACHICOLA MORTGAGE, INC.**

**FILED**

98 MAY 13 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

71 MARKET ST.  
APALACHICOLA FL 32320

Mailing Address

~~1500 S OLIVE AVE~~  
~~WEST PALM BEACH FL 33401~~

P.O. Box 189  
APALACHICOLA, FL 32329

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/1994

5. FEI Number

59-3239461

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSD	HORAN, JOHN W	1500 S. OLIVE AVE.	WEST PALM BEACH FL 33401
VTD	STANTON, JOAN E	<del>1500 S. OLIVE AVE.</del> 71 MARKET ST	<del>WEST PALM BEACH FL 33401</del> Apalachicola, FL 32320
			000002530730--7
			-05/20/98--01107--011
			***1050.00 ***1050.00
			REINSTATEMENT
			TS S/15

8. Name and Address of Current Registered Agent

HORAN, JOHN W  
1500 S. OLIVE AVE.  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

AT GIST THE AGENT MUST SIGN

Date 5-12-98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-98 850-653-2523  
Date Daytime Phone #