

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 15 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046169

1. Corporation Name

Caliber Mortgage Company of Jacksonville, Inc.

2. Principal Office Address

6675 Corporate Center Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, Florida

Zip

32216

Country

Duval

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/16/1994

5. FEI Number

59-3253842

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

Karl B. Hanson, Jr.

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

50 North Laura Street

Suite, Apt. #, Etc.

Suite 2800

City

Jacksonville

State
FL

Zip Code
32202

700041095607

09/15/04--01021--005 **1200.00

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

Karl B. Hanson, Jr.

REGISTERED AGENT MUST SIGN

Date *8/4/04*

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
DP	Jeffrey A. Conn	6675 Corporate Center Parkway, Suite 100	Jacksonville, FL 32216
DST	W. Alex Coley	6675 Corporate Center Parkway, Suite 100	Jacksonville, FL 32216

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:

Jeffrey A. Conn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/2004
Date

904/363-9002

Daytime Phone #