

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 # P94000064704

1. Corporation Name

MORTGAGE ACCELERATORS, INC.

Principal Place of Business

Mailing Address

2809 HARDER OAKS AVE.
VALRICO FL 33594

2809 HARDER OAKS AVE.
VALRICO FL 33594

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

2. New Principal Office Address, If Applicable

1729 Hwy 60 EAST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1729 Hwy 60 EAST
Suite, Apt. #, etc.

City & State

VALRICO FL.

City & State

VALRICO FL.

Zip

33594

Country

Hillsborough

Zip

33594

Country

Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

08/29/1994

5. FEI Number

59-3267737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

28.75 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
P	BEAUCHAINE, DEANNE S	2809 HARDER OAKS AVE.	VALRICO FL
V	BEACHAINE, MICHAEL E	2809 HARDER OAKS AVE	VALRICO FL
TS	BEACHAINE, MICHAEL E	2809 HARDER OAKS AVE	VALRICO FL

8. Name and Address of Current Registered Agent

BEAUCHAINE, DEANNE S
2809 HARDER OAKS AVE.
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name: Michael E. Beauchaine
Street Address (P.O. Box Number is Not Acceptable): 2809 Harder Oaks Ave
Suite, Apt. #, Etc.:
City: VALRICO State: FL Zip Code: 33594

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

REGISTERED AGENT MUST SIGN

Date: 12/7/98

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: REGISTERED AGENT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/7/98 Daytime Phone #: 813 404 3252

FILED

98 DEC -8 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (9/98)