

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 # P94000094285

1. Corporation Name

ANCHOR MORTGAGE LENDING, INC.

Principal Place of Business

Mailing Address

~~214 LAKE HARRIS DRIVE~~
~~LAKELAND FL 33813~~

~~214 LAKE HARRIS DRIVE~~
~~LAKELAND FL 33813~~

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

2. New Principal Office Address, If Applicable

5545 Harrells Nursery

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Road P.O. Box 370

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Highland City, Florida

Zip **33813**

Country **Polk**

Zip **33846**

Country **Polk**

4. Date Incorporated or Qualified To Do Business in Florida

12/29/1994

5. FEI Number

59-3285360

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
PSD	WELLS, SANDRA J	784 SAGEWOOD DRIVE	LAKELAND FL 33813
VTD	KING, HEATHER R	6040 CREWS LAKE RD.	LAKELAND FL 33813
VTD	King, Heather R.	5545 Harrells Nursery Rd.	Lakeland, Florida 33813

8. Name and Address of Current Registered Agent

WELLS, SANDRA J
214 LAKE HARRIS DRIVE -
- LAKELAND FL 33813 -

9. Name and Address of New Registered Agent

Name

Sandra J. Wells

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

5545 Harrells Nursery Road
Suite, Apt. #, Etc.

City

Lakeland, FL

State

FL

Zip Code

33813

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

Sandra J. Wells

REGISTERED AGENT MUST SIGN

Date **12-01-97**

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: *Sandra J. Wells* **Sandra J. Wells** 12-01-97 941-647-1533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



REINSTATEMENT

9700

FILED

97 DEC 24 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CPRE040 (8/97)