

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 DEC 14 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031823

1. Corporation Name

HOME SAVING MORTGAGE CORPORATION

Principal Place of Business

7250 ULMERTON ROAD
LARGO FL 34641

Mailing Address

7250 ULMERTON ROAD
LARGO FL 34641

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

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1995

5. FEI Number

59-3304226

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
D	TSAVARIS, JOHN	5011 S. ELBERON STREET	TAMPA FL 33611
			600002715496--6 -12/18/98--01019--002
			600002715496--6 -12/18/98--01019--001
			*****8.75 *****8.75

8. Name and Address of Current Registered Agent

RESIDENT AGENT CORPORATION PINELLAS COUNTY
980 TYRONE BLVD.
ST. PETERSBURG FL 33710

9. Name and Address of New Registered Agent

Name

John T Savaris

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

7250 Ulmerton Road

Suite, Apt. #, Etc.

Suite C

City

Largo

State

FL

Zip Code

34641

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/10/98

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)(l), 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 REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

12/10/98 - 727/538-5200

Daytime Phone #

CR25040 (9/98)