

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

98 NOV 23 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000037171**

1. Corporation Name

IMPACT MORTGAGES, INC

Principal Place of Business

Mailing Address

1314 CAPE CORAL PKWY
STE 319
CAPE CORAL FL 33940
US

1314 CAPE CORAL PKWY
STE 319
CAPE CORAL FL 33940
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/08/1995

5. FEI Number

65-0579633

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
P	ADKINS, LINDA S	1031 SE 4TH TERRACE	CAPE CORAL FL 33990
V	O'LEARY, PAULA	4123 SE 1ST AVE	CAPE CORAL FL

4000002703784-1
-12/04/98-01104-023
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADKINS, LINDA S
1314 CAPE CORAL PKWY
STE 319
CAPE CORAL FL 33940

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See instructions 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-17-98 941 549-3311

CR25040 (8/98)

IMPACT MORTGAGES, INC.
1314 CAPE CORAL PARKWAY E., SUITE 319
CAPE CORAL, FL 33904

2012

OFFICE: (941) 549-3311

FAX: (941) 549-3310

NOVEMBER 20, 1998

CORPORATION ANNUAL REPORT
DEPARTMENT OF STATE

DEAR SIRs,

ENCLOSED PLEASE FIND OUR REINSTATEMENT FORM SIGNED AND A CHECK (2086) FOR \$150.00. WE NEVER RECEIVED THE ANNUAL REPORTS MAILED PRIOR TO THIS DATE. OUR ACCOUNTANT HAS GIVEN US A STANDARD FORM TO USE FOR NEXT YEAR AND WE WILL MAIL IT OUT ON OUR OWN SO WE WILL NOT HAVE THIS PROBLEM IN THE FUTURE.

RESPECTIVELY,



LINDA ADKINS
PRESIDENT