

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -1 PM 5:51

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1995

Suite, Apt. #, etc.

1314 Cape Coral Pkwy 319

Suite, Apt. #, etc.

1314 Cape Coral Pkwy 319

City & State

Cape Coral FL

City & State

Cape Coral, FL

Zip 33904

Country USA

Zip 33904

Country USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ADKINS, LINDA	449 SEAWORTHY RD.	N. FT. MYERS FL 33903
V	O'LEARY, PAULA	4123 SE 1ST AVE	CAPE CORAL FL

200003472892-1  
-11/21/00--01076--004  
\*\*\*\*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

*Linda S. Adkins*

Date 10/25/00

REGISTERED AGENT MUST SIGN

11. 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:

*Linda S. Adkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

941 549-3311

Daytime Phone #

ext 24

CR2E040 (8/00)

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

---

OFFICE: (941) 549-3311

FAX: (941) 549-3310

---

October 30, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

To whom it may concern:

Each year we seem to have a problem receiving the proper paperwork so we can pay our annual fees. I called and requested the form on two different occasions, After looking at the last form you sent us I believe we have had this problem because you have the wrong zip code for us. Please correct our zip code to 33904 and accept our check for our annual fees.

Thank you,

  
Paula O'Leary  
Vice President