

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 25 PH 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Corporation Name

Peoples Financial Mortgage Corp.

P4500006790

REINSTATEMENT *98-02*

1. Principal Office Address

523 So. Paula Dr.

3. Mailing Office Address

523 So. Paula Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

DUNEDIN, FL

Zip *34698*

Country

Pinellas

Zip

34698

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

9-5-1995

5. FEI Number

59-3335646

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID Kelly

800005451178-9

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

523 So. Paula Drive

05/06/02-01002-010

****1350.00 ***1350.00*

Suite, Apt. #, Etc.

City

Dunedin

State
FL

Zip Code

34698

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

David Kelly

Date

4/3/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------------|--------------------------------------|---|--------------------------|
| <i>Pres</i> | <i>DAVID Kelly</i> | <i>1871 PASADENA DR. DUNEDIN, FL 34698</i> | <i>DUNEDIN, FL 34698</i> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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)(f), 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:

David Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID Kelly

4/3/02

Date

727-738-4432

Daytime Phone #

For
Return
to Justin S.
Please



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 19, 2002

PEOPLE'S FINANCIAL MORTGAGE CORP.
523 S. PAULA DR.
DUNEDIN, FL 34698 US

SUBJECT: PEOPLE'S FINANCIAL MORTGAGE CORP.
Ref. Number: P95000068790

We have received your document for PEOPLE'S FINANCIAL MORTGAGE CORP. and check(s) totaling \$1350.00. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Justin M Shivers
Document Specialist

Letter Number: 902A00023559

Conversation
w/ Justin 4/25 4:00pm

D. Kelly
727-438 4/32