

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

001-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Advanced Mortgage Solution, Incorporated

P 95000080161

2. Principal Office Address

185 Cypress Pt. Parkway

Suite, Apt. #, etc.

Suite 1

City & State

Palm Coast, FL

Zip

32164

Country

Flagler

3. Mailing Office Address

185 Cypress Pt. Parkway

Suite, Apt. #, etc.

Suite 1

City & State

Palm Coast, FL

Zip

32164

Country

Flagler

REINSTATEMENT

001-2000

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/19/95

SP

5. FEI Number

59-3335231

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

Mary Regina Clemons

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

185 Cypress Point Parkway

Suite, Apt. #, Etc.

Suite 1

City

Palm Coast,

State

FL

Zip Code

32164

700003130267-5

02/09/00 01107 009

****900.00 ****900.00

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

Mary Regina Clemons
REGISTERED AGENT MUST SIGN

Date 1-28-00

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
P	John R. Gazzoli	185 Cypress Pt. Parkway Suite 7	Palm Coast, FL 32164
V	Mary Regina Clemons	185 Cypress Pt. Parkway Suite 1	Palm Coast, FL 32164
S/T	Robert Gazzoli	185 Cypress Pt. Parkway Suite 7	Palm Coast, FL 32164

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)(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:

Mary Regina Clemons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY REGINA CLEMONS

1-28-00

Date

904-445-4400

Daytime Phone #

CR2E081 (9/99)