

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 OCT 31 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000088134

1. Corporation Name

BY OWNER MORTGAGE COMPANY

Principal Place of Business

4118 WEST KENNEDY BOULEVARD
TAMPA FL 33606

Mailing Address

4118 WEST KENNEDY BOULEVARD
TAMPA FL 33606

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

11/16/1995

Suite, Apt. #, etc.

111 S. Armenia Ave

Suite, Apt. #, etc.

111 S. Armenia Ave

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

5. FEI Number

59-3330393

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	BANNER, ALEXANDER	1719 WEST KENNEDY BOULEVARD	TAMPA FL 33606
EVP	BENNATI, LIANE	3412 N GABLES CT	TAMPA FL
SRVP	BENNATI, ALVIN J	5810 BIKINI WAY S	ST PETERSBURG FL
			3000002336733- - 4 -11/03/97- -01143--008 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

BANNER, ALEXANDER
2640 ENTERPRISE RD E-UNIT B14
CLEARWATER FL 34619

9. Name and Address of New Registered Agent

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

Alexander Banner

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 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)(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:

Alexander Banner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)