

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

996000005326
First Rate Mortgage Services, Inc.

Principal Place of Business

Mailing Address

600 Bypass Dr. #118
Clearwater, FL 33764

Same

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

1-16-96

5. FEI Number

59-3356456

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	DAVID M. HART	2651 MICHAEL PL #104	DUNEDIN, FL 34098
VP	ELISE M. HART	2651 MICHAEL PL #104	DUNEDIN, FL 34098

REINSTATEMENT

99-98

B 9/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID M. HART
650 Islandway #107
Clearwater FL 34630

Name DAVID M. HART
Street Address (P.O. Box Number is Not Acceptable)
2651 MICHAEL PL
Suite, Apt. #, Etc. 104
City DUNEDIN

State
FL

Zip Code
34098

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

David M. Hart

REGISTERED AGENT MUST SIGN

Date 9-15-98

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:

David M. Hart, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-98

Date

727-791-8600

Daytime Phone #