

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 OCT 22 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019434

1. Corporation Name

DIRECTOR'S MORTGAGE USA INC.

Principal Place of Business

2565 COUNTRYSIDE BLVD., #1
CLEARWATER FL 34623

Mailing Address

PO BOX 14512
CLEARWATER FL 33766
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/29/1996

5. FEI Number

59-3362489

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 3	City / State / Zip 4
P	RUPERT, JAMES W	2562 COUNTRYSIDE BLVD, STE 1	CLEARWATER FL 33761
VP	MARTIN, TOM	2565 COUNTRYSIDE BLVD, STE 1	CLEARWATER FL 33761
ED	GORROW, CHUCK	2565 COUNTRYSIDE BLVD, STE 1	CLEARWATER FL 33761

700004670977--3
-11/07/201--01058--011
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUPERT, JAMES W
2565 COUNTRYSIDE BLVD
STE 1
CLEARWATER FL 33761

Name Same
Street Address (P.O. Box Number is Not Acceptable) Same
Suite, Apt. #, Etc. Same
City Same
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

SIGNATURE REQUIRED
James W Rupert
REGISTERED AGENT MUST SIGN

Date

10/18/01

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:

SIGNATURE REQUIRED
James W Rupert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 (727)
725-
5711

CR2E040 (8/01)