

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P96000041469

1. Corporation Name
ODOM MORTGAGE, INC.

Principal Place of Business 327 22ND ST CT NE BRADENTON FL Q3420 US	Mailing Address 327 22ND ST CT NE BRADENTON FL Q3420 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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4. Date Incorporated or Qualified To Do Business in Florida **05/15/1996**

5. FEI Number **65-0691917**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 PM 3:28



REINSTATEMENT 01

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	4 City / State / Zip
P	ODOM, DOROTHY H	327 22ND ST COURT E	BRADENTON FL 34208
			300004649453--7 -10/23/01--01029--013 *****8.75 *****8.75
			300004649453--7 -10/23/01--01029--014 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ODOM, DOROTHY 327 22ND ST COURT E BRADENTON FL 34208	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 *Dorothy H Odom* **SIGNATURE REQUIRED** Date 10-10-01
REGISTERED AGENT MUST SIGN

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: *Dorothy H Odom* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 10-10-01 Daytime Phone # _____

CR2E040 (8/01)