

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 27 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

996-84990
A PREMIER MORTGAGE OF FORT MYERS, INC.

2. Principal Office Address

1325 SE 47th STREET

Suite, Apt. #, etc.

SUITE E

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

3. Mailing Office Address

1325 SE 47th STREET

Suite, Apt. #, etc.

SUITE E

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1996

5. FEI Number

65-0698135

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

KATHLEEN BEASON

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

1325 SE 47th STREET

Suite, Apt. #, Etc.

SUITE E

City

CAPE CORAL

State

FL

Zip Code

33904

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

Kathleen Beason

REGISTERED AGENT MUST SIGN

Date 8/26/03

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
PTS	KATHLEEN BEASON	1325 SE 47 th STREET SUITE E	CAPE CORAL, FL 33904

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

Kathleen Beason

Date

8/26/03 239 542 6155

Daytime Phone #

CR2E031 (10/02)