

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 23 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000047946

1. Corporation Name

JORDAN MORTGAGE Co.

Principal Place of Business

Mailing Address

200 WATERS EDGE DRIVE S,
PONTE VEDRA BEACH, FL 32082-2579

REINSTATEMENT

99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SEE ABOVE

3. New Mailing Office Address, If Applicable

SEE ABOVE

4. Date Incorporated or Qualified
To Do Business in Florida

05-30-97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3454907

Applied For

Not Applicable

City & State

City & State

Zip

Country

USA

Zip

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐ ~~STATE~~ ☐ ~~FEDERAL~~

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
P/S/D	DENNIS M. JORDAN	200 WATERS EDGE DRIVE S.	PONTE VEDRA BEACH, FL 32082-2579
			100003082051--7 -12/28/99--01060--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BARON L. BARTLETT, P.A.

50 HIGHWAY A1A, SUITE 103
PONTE VEDRA BEACH, FL 32082

9. Name and Address of New Registered Agent

Name

N/A

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

Baron L. Bartlett

REGISTERED AGENT MUST SIGN

Date 12-21-99

11. This corporation owes 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:

Dennis M. Jordan

DENNIS M. JORDAN

12-21-99 (904) 273-8282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE