

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 DEC -7 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065960

1. Corporation Name

SALO MORTGAGE COMPANY, INC.

Principal Place of Business

Mailing Address

7206 SOUTHWIND DRIVE
HUDSON FL 34667

7206 SOUTHWIND DRIVE
HUDSON FL 34667

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

2. New Principal Office Address, If Applicable

6418 Ridge Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6418 Ridge Road

Suite, Apt. #, etc.

City & State

Port Richey, Florida

Zip

34668

Country

USA

City & State

Port Richey, Florida

Zip

34668

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1997

5. FEI Number

65-0767014

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
Pres/own	MARIANNE B. SALO	7206 Southwind Dr.	Hudson, FL., 34667
V.P./own	Richard G. SALO	7206 Southwind Dr	Hudson, FL. 34667
			600002709666--2 -12/11/98--01004--022 ***750.00 ***750.00
			12/10

8. Name and Address of Current Registered Agent

SALO, MARIANNE
7206 SOUTHWIND DRIVE
HUDSON FL 34667

9. Name and Address of New Registered Agent

Name Richard G. Salo
Street Address (P.O. Box Number is Not Acceptable)
7206 Southwind Dr
Suite, Apt. #, Etc.
City Hudson
State FL Zip Code 34667

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

Marianne B. Salo

REGISTERED AGENT MUST SIGN

Date 12/2/98

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:

Marianne B. Salo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/98 727
845-0616

Date

Daytime Phone #

CR2ED40 (6/98)