

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 AM 4:56

DOCUMENT # **P97000081093**

1. Corporation Name

NAPIC Mortgage, Inc.

2. Principal Office Address

399 Tequesta Dr.

Suite, Apt. #, etc.

Suite # 101

City & State

Tequesta

Zip

FL

Country

33469

3. Mailing Office Address

PO Box 3659

Suite, Apt. #, etc.

City & State

Tequesta

Zip

FL

Country

33469

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1997, Sept. 12

5. FEI Number

65-0780394

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

Joann Brewster

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

399 Tequesta Drive

Suite, Apt. #, Etc.

Suite # 101

City

Tequesta

State

FL

Zip Code

33469

900004649365-9

-10/23/01--01024-008

******750.00 ****750.00**

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

REGISTERED AGENT MUST SIGN

Date **Oct. 1, 2001**

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
PSTD	Brewster, Joann	399 Tequesta Dr. # 101	Tequesta, FL 33469

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joann Brewster

Oct. 1, 2001 (561) 745-9700

Date

Daytime Phone #

CR25061 (9/00)