PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE FILEU SEURE FARY OF STATE DIVISION OF CORPORATIONS 98000021452 DOCUMENT # 00 MAR 29 PM 2: 09 1. Corporation Name AMERICAN MORTGAGE MANAGEMENT CORPORATION Principal Place of Business Mailing Address -2600-E. CULF-TO LAKE-HIGHWAY -2000-E.-GULF TO LAKE-HIGHWAY INVERNESS FL 34453+ INVERNESS FL 34453 K ic address - Nover If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date incorporated or Qualified To Do Business in Florida 600 EW 10th ST 1014 600 **S**7. <u>5</u>w 03/05/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 205 Applied For 9-3502475 City & State Not Applicable FL OCAL A 6. \$8:75 Additional Fee required -Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status MARION MARION 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) and/or Directors CRYSTAL RIVER, FL 34429 34429 PRES JUDIT4 2051 N. CEDARHURET TOXR V.P. ERIC SCHRE, BOR 408 E. CIRCLEWOOD ST. 100003196141-79 04/04/00 -01103 024 : \*\*\*\*300.00 \\*\*\*\*300.00 ...

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SCHREIBER, ERIC Street Address (P.O. Box Number is Not Acceptable) -5353 S.W. COLLEGE ROAD Suite, Apt. #, Etc. OCALA FL 34474

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

REGISTERED AGENT MUST SIGN

Date

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 filling 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

Date

Daytime Phone #

State

Zip Code

## Altachment





600 SW 10<sup>th</sup> St., Suite 204 Ocala, FL 34474 Office 352-861-1886 Fax 352-861-8987 Toll Free 888-870-5000

March 27, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject:

American Mortgage Management Corporation

Ref. Number: P98000021452

To The Division of Corporations:

Enclosed please find my Application for Reinstatement with a check in the amount of \$300.00 (\$150 for 1999; \$150 for 2000).

As you can see, the notices had been going to a very old address, even though we had sent notification of an address change to your agency. Unfortunately, the old address is a large house where several other businesses are located, and consequently, change of address could not be accepted by the post office. I have no idea where the previous notices went, but we never received them. Being fairly new to Florida, I was not aware of the form called "Corporate Annual/Uniform Business Report" and its attending requirements for filing.

Please accept my Application for Reinstatement of my corporation. Thank-you for your understanding in this matter.

Sincerely,

Eric Schreiber