


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000021452

1. Corporation Name

AMERICAN MORTGAGE MANAGEMENT CORPORATION

Principal Place of Business

600 SW 10TH ST  
205  
OCALA FL 34474

Mailing Address

600 SW 10TH ST  
205  
OCALA FL 34474

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/1998

5. FEI Number

59-3502475

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	City / State / Zip 4
P	NEE, JUDITH A	2051 N CEDARHURST TERR	CRYSTAL RIVER FL 34429
V	SCHREIBER, ERIC	<del>408 E CIRCLEWOOD ST</del> 99 S. ADAMS ST.	INVERNESS FL 34452 BEVERLY HILLS, FL 34465
V	ST. VINCENT, DAVID J.	2334 SW 146 LOOP	OCALA, FL 34473
			000004746560--4 -01/02/02--01024--019 ****750.00 ****750.00
			REINSTATEMENT 01 78

8. Name and Address of Current Registered Agent

SCHREIBER, ERIC

~~5550 C.W. COLLEGE ROAD~~  
OCALA FL 34474

9. Name and Address of New Registered Agent

Name

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

600 SW 10th St.

Suite, Apt. #, Etc.

205

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/10/01

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 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

DAVID J. ST. VINCENT

Date

12/10/01

Daytime Phone #

352-861-1886