

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # P98000066848

1. Corporation Name

MORTGAGE PREPARATORY SERVICE, INC.

00 DEC -1 AM 10:20

Principal Place of Business

Mailing Address

2939 CENTRAL AVE
 ST PETERSBURG FL 33711

~~616 B 4TH ST NORTH~~ 2939 Central Ave
 ST PETERSBURG FL 33701



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

4. Date Incorporated or Qualified To Do Business in Florida

07/30/1998

Suite, Apt. #, etc.

2939 Central Ave

Suite, Apt. #, etc.

2939 Central Avenue

5. FEI Number

59-3521439

Applied For

Not Applicable

City & State

St. Petersburg

City & State

St. Petersburg FL

Zip

FL

Country

33713

Zip

33711

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DAVIS, JACQUELINE	3025 14TH AVE SOUTH	ST PETERSBURG FL 33712
VTD	WALTERS, ELEN D	1245 8TH AVE SOUTH	ST PETERSBURG FL 33705
SD	DAVIS, DANIEL	2538 CENTRAL AVE	ST PETERSBURG FL 33712

700003500317--D
 -12/13/00--01097--020
 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALTERS, ELLEN D
 2939 CENTRAL AVE
 ST PETERSBURG FL 33711

Name

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

ElLEN D. WALTERS
 SIGNATURE REQUIRED

Date

11/20/00

AD

REGISTERED AGENT MUST SIGN

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/00

Date

727-323-1523
 Daytime Phone #

CR2ED40 (9/00)

2939 Central Ave
St. Petersburg, Fl 33713

-2-

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

Subject: License Revocation

To Whom It May Concern:

We recently received a letter regarding the dissolution or revocation of our Mortgage Broker licenses, it seems that all notifications including this particular item was sent to an incorrect mailing address. It has been approximately one year since we sent in a change of address to the Florida Department of State notifying them of this change of address. It seems that the address changed was partially completed, according to the letter of dissolution that we received the "Principal Place of Business Address" was changed but unfortunately the mailing address was not changed which caused the letters to be sent to the old address.

We here at Mortgage Preparatory Services, Inc would like to request that the dissolution or revocation of our licenses be reconsidered based on the discrepancy in the address.

Thank you,



Mortgage Preparatory Services, Inc

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