

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000084055**

1. Corporation Name

AMERICA ONE MORTGAGE, INC.

Principal Place of Business

Mailing Address

~~7044 MARINER BLVD~~
~~SPRING HILL FL 34609~~

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~~SPRING HILL FL 34609~~



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

13158 Spring Hill Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13158 Spring Hill Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1998

5. FEI Number

59-3536374

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
D	INGOGLIA, BLAISE	P.O. BOX 3082 OK	SPRINGHILL FL 34611

000023926910
10/21/03--01141--018 \$150.00

8. Name and Address of Current Registered Agent

BOBENHAUSEN, GALE M
30 BISHOP CREEK DRIVE
SAFETY HARBOR FL 34695

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Gale M. Bobenhausen
REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

GALE M. BOBENHAUSEN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 352-597-8700
Date Daytime Phone #

CR2E040 (7/03)

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: AMERICA ONE MORTGAGE, INC.

Document Number: P98000084055

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
19th day of September, 2003.



Glenda E. Hood

Glenda E. Hood
Secretary of State

October 10, 2003

To Whom It May Concern:

My company received this Notice of Administrative Dissolution or Revocation from the Florida Department of State and realized we never received the original paperwork to file. I then contacted my registered agent and questioned to see if she had received it and found out she had not received it either. I then called the number for filing questions and per the instructions for a waiver of the reinstatement fees I am writing this letter and enclosing the original \$150.00 filing fee.

Sincerely,

A handwritten signature in black ink, appearing to read 'Blaise Ingoglia', with several loops and a horizontal line extending to the right.

Blaise Ingoglia

CEO America One Mortgage