

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 OCT 18 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000101450**

1. Corporation Name

RESOURCE LENDING INC

2. Principal Office Address

7740 SOUTHSIDE BLVD

Suite, Apt. #, etc.

1908

City & State

JACKSONVILLE FL

Zip

#32256

Country

DUVAL

3. Mailing Office Address

7740 SOUTHSIDE BLVD.

Suite, Apt. #, etc.

1908

City & State

JACKSONVILLE FL

Zip

32256

Country

DUVAL

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/1/98

5. FEI Number

59-355-0171

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200004659732--2

-10/30/01--01086--017

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

7. Name and Address of Current Registered Agent

Name

RODNEY PAIGE

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

7740 SOUTHSIDE BLVD.

Suite, Apt. #, Etc.

1908

City

JACKSONVILLE

State
FL

Zip Code

32256

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

Rodney Paige

Date **10/18/01**

REGISTERED AGENT MUST SIGN

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
PRES	RODNEY PAIGE	#1908 7740 SOUTHSIDE BLVD	JACKSONVILLE FL 32256

REINSTATEMENT

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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:

Rodney Paige

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #