

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 11 AM 10:15

DOCUMENT # P98000101450

1. Corporation Name

RESOURCE LENDING, INC.

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

7740 SOUTHSIDE BLVD.
#1908
JACKSONVILLE FL 32256

7740 SOUTHSIDE BLVD.
#1908
JACKSONVILLE FL 32256

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

12/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2121 TILDEN ST

2121 TILDEN ST

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32206

DUVAL

32206

DUVAL

5. FEI Number

59-3550171

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PAIGE, RODNEY	7740 SOUTHSIDE BLVD, #1908	JACKSONVILLE FL 32256

700029251737
02/23/04--01073--001 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAIGE, RODNEY
7740 SOUTHSIDE BLVD.
#1908
JACKSONVILLE FL 32256

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

[Signature]

Date

2-11-04

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

Date

Daytime Phone #

2-11-04 904-4654376

CR2E040 (7/03)

2072

2-11-04

To whom it may concern

My name is Rodney Paige and I am the registered agent for Resource Lending Inc. I moved and never received any notices from you regarding my 2003 AR Corp. My Ex-wife gave this to me when I got out of the hospital. I am truly sorry for the inconvenience this caused you. Thank you for your help.

Rodney Paige
RODNEY PAIGE