

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 19 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003770

1. Corporation Name

POPULAR MORTGAGE SERVICES OF CENTRAL FLORIDA, I
NC.

Principal Place of Business

Mailing Address

869 LEOPOLD TRAIL
WINTER SPRINGS FL 32708

869 LEOPOLD TRAIL
WINTER SPRINGS FL 32708



REINSTATEMENT 2000

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

225 S. Swoope Dr
Suite, Apt. #, etc.

869 Leopard Trl
Suite, Apt. #, etc.

City & State

City & State

Maitland FL

Winter Spas

Zip 32751 Country US

Zip 32708 Country US

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1999

5. FEI Number

Applied For

59 3551605

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
D	Phyllis Kent	869 Leopard Trl	Winter Springs FL 32708

200003455532--4
-11/07/00--01087--017
***750.00 ***750.00

8. Name and Address of Current Registered Agent

KENT, PHYLLIS
869 LEOPOLD TRAIL
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name Phyllis Kent
Street Address (P.O. Box Number is Not Acceptable)
869 Leopard Trl
Suite, Apt. #, Etc.
City Winter Springs State FL Zip Code 32708

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

10/17/00

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

Date

10/17/00

Daytime Phone #