

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **P99000019821**

1. Corporation Name

**Seminole Mortgage Services, Inc.**

2. Principal Office Address

**4458 Beacon Dr. West**  
Suite, Apt. #, etc.

3. Mailing Office Address

**4458 Beacon Dr. West**  
Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32225**

Country

**US**

Zip

**32225**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3-2-99**

5. FEI Number

**59-3563837**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

**Gregory F. Winkler**

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

**4458 Beacon Drive West**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32225**

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

**Gregory F. Winkler**  
REGISTERED AGENT MUST SIGN

Date

**6-19-02**

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
P.S. T.D.	Gregory F. Winkler	4458 Beacon Dr. West	JACKSONVILLE, FL 32225

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:

**Gregory F. Winkler**

**6-19-02 (904) 465-2955**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUN 20 AM 9:42

APPROVED  
AND  
FILED

UUUUU6061780--0  
-06/27/02--01010--030  
\*\*\*\*450.00 \*\*\*\*450.00

June 19, 2002

Reply To:

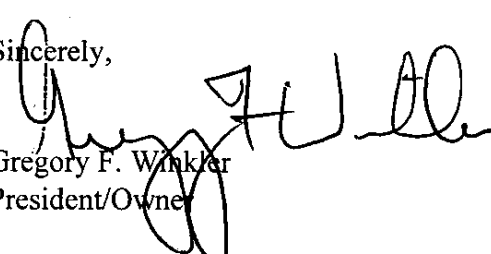
Mr. Gregory F. Winkler  
C/O Seminole Mortgage Services, Inc.  
4458 Beacon Drive West  
Jacksonville, Florida 32225  
(904) 465-2955  
(904) 642-6724

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

To Whom It May Concern:

Please be advised that the request for the "Uniform Business Report" was never received. I am requesting that the above mentioned corporation be reinstated. Enclosed please find my check in the amount of \$450.00. Expedition on the reinstatement is appreciated.

Sincerely,

  
Gregory F. Winkler  
President/Owner