

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 27 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000025440**

1. Corporation Name

GUARANTY NATIONAL ASSET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**2437 MONROE STREET
TALLAHASSEE FL 32303**

**2437 MONROE STREET
TALLAHASSEE FL 32303**

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

Suite, Apt. #, etc.

111 South Monroe Street

Suite, Apt. #, etc.

111 South Monroe Street

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

Country

32301

USA

Zip

Country

32301

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1999

5. FEI Number

59-3626407

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	ALEXIONOK, LINDA C	111 S. MONROE ST.	TALLAHASSEE FL 32301
D	SNIPES, MARK	111 S. MONROE ST.	TALLAHASSEE FL 32301
D	STEPHENSON, ANDREA	2437 N. MONROE ST.	TALLAHASSEE FL 32303
D	Paul Cenedella	111 S. Monroe St.	Tallahassee FL 32301

000024169640

10/27/03-01070-022 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STEPHENSON, ANDREA
2637 N. MONROE ST.
TALLAHASSEE FL 32303**

Name

Snipes, Mark

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

111 South Monroe Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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 REQUIRED
Mark Snipes

REGISTERED AGENT MUST SIGN

Date **10/20/03**

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: **SIGNATURE REQUIRED**
Mark Snipes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03
Date

850 425 6133
Daytime Phone #

CR2E040 (7/03)