

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -8 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035294

1. Corporation Name

PIONEER FINANCE AND MORTGAGE, CORP.

Principal Place of Business

Mailing Address

1651 GRAY BARK DR.
OLDSMAR FL 34677

1651 GRAY BARK DR.
OLDSMAR FL 34677

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

04/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

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	ROSSELLI, ANTHONY	1651 GRAY BARK DR.	OLDSMAR FL 34677
D	DAWN, DAWN	1651 GRAY BARK DR.	OLDSMAR FL 34677

900003465109--2
-11/15/00--0114--004
****150.00 ****150.00

10/11/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSSELLI, ANTHONY
1651 GRAY BARK DR.
OLDSMAR FL 34677

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10/16/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEPT OF INCORPORATION
800 GAINES ST
TALLAHASSEE FL 33727

Attachment
P99000035294

TO WHOM IT MAY CONCERN

ENCLOSED PLEASE FIND MY APPLICATION FOR REINSTATEMENT. THE REASON THAT THE CORPORATION EXPIRED WAS THAT WHEN I RECEIVED THE REPORT I FORWARDED TO MY ACCOUNTANT AND HE WAS TO FILL IT OUT AND SEND FORWARD IT.

MY ACCOUNTANT HAD A SEVERE HEART ATTACK AND WAS NOT DOING MUCH WORK FOR AWHILE. HE LATER RETIRED AND I FORGOT TO FOLLOW UP WITH HIM AND I LATER FOUND OUT THAT HE NEVER SENT IT IN.

I AM REQUESTING THAT YOU PLEASE ACCEPT MY APPLICATION FOR REINSTATEMENT AND PLEASE UNDERSTAND THE SITUATION AND ACCEPT THIS APPLICATION

PLEASE FEEL FREE TO CALL ME IF YOU HAVE ANY QUESYIONS.

SINCERELY


ANTHONY ROSSELLI