

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 JUN 26 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070314

**1. Corporation Name**

West Group Mortgage Corporation

**2. Principal Office Address**

1846 US Hwy 90W, Suite C

Suite, Apt. #, etc.

Suite C

City & State

DeFuniak Spss, FL

Zip

32433

Country

USA

**3. Mailing Office Address**

1846 US Hwy 90W

Suite, Apt. #, etc.

Suite C

City & State

DeFuniak Spss, FL

Zip

32433

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/9/95

**SP**

**5. FEI Number**

59-3591131

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Stephen E Mathews

400004467734--8

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

2694 US Hwy 90W

-07/10/01--01063--029

\*\*\*\*908.75 \*\*\*\*908.75

Suite, Apt. #, Etc.

City

DeFuniak Spss

State

FL

Zip Code

32433

**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

Date 6/26/01

REGISTERED AGENT MUST SIGN

**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
President	Stephen E. Mathews	2694 US Hwy 90 W	DeFuniak Spss, FL 32433

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen E. Mathews / President

Date

6/26/01

Daytime Phone #

850-892-7637

CR2E081 (9/00)