

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 999 0000 80766

1. Corporation Name

Sovereign Mortgage Corporation

200017229562
04/28/03--01137--025 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

2042 Bee Ridge Rd

Suite, Apt. #, etc.

3. Mailing Office Address

2042 Bee Ridge Rd

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip
34239

Country

USA

City & State

Sarasota FL 3

Zip
34239

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/1999

5. FEI Number

650947345

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

Todd Kolbe

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

7563 Albert Tillinghast Dr

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240

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

Todd Kolbe

Date

4/15/03

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 |
|--------|--------------------------------------|---|--------------------|
| D | Todd A Kolbe | 7563 Albert Tillinghast | Sarasota FL 34240 |
| D | Kelly L Abernambie | 4510 Falcon Pl | Sarasota FL 34231 |
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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

Date

4/15/03

Daytime Phone #

941-350-5244

8/4/30

CR2E081 (10/02)