

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

2093 CAROLINA AVE NE

DOCUMENT # P99000084561

1. Corporation Name

VADEN MORTGAGE SERVICES, INC.

FILED
00 OCT 27 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1333 SNELL ISLE BLVD.
ST. PETERSBURG FL 33704

1333 SNELL ISLE BLVD.
ST. PETERSBURG FL 33704



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

2093 CAROLINA AVE NE
Suite, Apt. #, etc.

2093 CAROLINA AVE NE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1999

5. FEI Number

Applied For

Not Applicable

City & State
ST. PETERSBURG

City & State
ST. PETERSBURG

Zip
FL 33703

Country
PINELLAS

Zip
33703

Country
FL 33703

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VADEN, LINDA	2093 CAROLINA AVE., NE	ST. PETERSBURG FL 33703
D	VADEN, DEAN	2093 CAROLINA AVE., NE	ST. PETERSBURG FL 33703

100003463591-1
-11/15/00--01013--003
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VADEN, LINDA
2093 CAROLINA AVE., NE
ST. PETERSBURG FL 33703

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

10/24/00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA VADEN

10/24/00

727-526-8599

Date

Daytime Phone #

20f'd

OCTOBER 24, 2000
TO: FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS.

TO WHOM IT MAY CONCERN,

I RECEIVED A LETTER IN THE MAIL ON OCTOBER 23, 2000 INFORMING ME THAT MY CORPORATION HAS BEEN DISSOLVED. I CALLED RIGHT AWAY TO FIND OUT WHY AND I WAS TOLD THAT I SHOULD HAVE REVIVED 2 LETTERS TO RENEW MY CORPORATE STATUS FOR ANOTHER YEAR. I EXPLAINED THAT I DID NOT RECALL EVER RECEIVING THE NOTICES.

THIS IS THE FIRST YEAR THAT I HAVE EVER BEEN INVOLVED IN A CORPORATION SO I WAS NOT AWARE THAT THIS WAS SOMETHING THAT HAD TO BE RENEWED. LOOKING BACK AT MY PAPERS I REALIZED THAT THIS INFORMATION WAS PROVIDED TO ME. I AM NOT SURE WHY I DID RECEIVE THE NOTICES, BUT I AM ASKING YOU TO PLEASE REINSTATE MY CORPORATION WITHOUT THE LARGE PENALTY. THIS WOULD BE VERY DIFFICULT FOR ME TO DO. PLEASE LET ME KNOW IF YOU ARE WILLING TO WORK THIS OUT WITH ME.

SINCERELY,



LINDA VADEN, PRESIDENT VADEN MORTGAGE SERVICES.