

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 21 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

P99 000084561
VADEN MORTGAGE SERVICES
INC.

200007673252-6

-09/12/02--010017-012

***300.00 ***300.00

2. Principal Office Address

280 TURTLE CREEK CIR.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL 34677

Zip

Country

PINELLAS

3. Mailing Office Address

CIR. 280 TURTLE CREEK

Suite, Apt. #, etc.

City & State

OLDSMAR FL

Zip

Country

34677 PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/99

5. FEI Number

59-399255

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

LINDA VADEN

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

280 TURTLE CREEK CIRCLE

Suite, Apt. #, Etc.

City

OLDSMAR FL

State

FL

Zip Code

34677

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

REGISTERED AGENT MUST SIGN

Date

8/14/02

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
P	LINDA VADEN	280 TURTLE CREEK CIR	OLDSMAR FL
VP	DEAN VADEN	SAME ↑	34677

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

8/14/02

Date

727-785-5539

Daytime Phone #

727-785-5539

