

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 AM 9:47

DOCUMENT # P99000087479

1. Corporation Name

HARRISON MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

2401 SWEET OAK ST.
OCOE FL 34761

2401 SWEET OAK ST.
OCOE FL 34761



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1999

5. FEI Number

59-2601540

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TERRANCE A. TROY	2401 SWEET OAK ST	OCOE, FL 34761
V	DAMON L. DAVIS	2736 GARLICK FARM RD	ALEXANDRIA, VA 22306
S	KRISTINA E. TROY	2401 SWEET OAK ST	OCOE, FL 34761
			100003441731--0 -10/27/00--01019--023 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

LINDBLAD, KRISTINA
2401 SWEET OAK ST.
OCOE FL 34761

9. Name and Address of New Registered Agent

Name

KRISTINA E. TROY

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

2401 SWEET OAK ST.

Suite, Apt. #, Etc.

City

OCOE

State

FL

Zip Code

34761

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-14-00

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

[Signature]

TERRANCE A. TROY

Date

10-14-2000

Daytime Phone #

407-245-2600

CR2EM40 (8/00)