

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAY -3 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000108649

1. Corporation Name

SOUTHERN PROPERTY MORTGAGE, INC.

2. Principal Office Address

5034 PHILLIPS HIGHWAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/1999

5. FEI Number

593612377

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

CURT GEISLER

300004287443

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

5034 PHILLIPS HIGHWAY

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

M. Curt Geisler

Date 1 MAY 2001

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
P	CURT GEISLER	12907 DEEPLAGON PLAINS	JACKSONVILLE, FL 32246
		12907 DEEPLAGON PLAINS	

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:

M. Curt Geisler

M. CURT GEISLER

1 MAY 2001

904-799-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)