

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -3 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S29572

1. Corporation Name

PROFESSIONAL MORTGAGE & CONSOLIDATED SERVICES, INC.

Principal Place of Business

Mailing Address

PROFESSIONAL MORTGAGE
SUITE 110
TAMPA FL 33618
US

2901 W. BUSCH BLVD
SUITE 110
TAMPA FL 33618
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3049954

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	NORRIS, LARRY S.	4151 SALTWATER BLVD.	TAMPA FL
SVPS	MUNDY, KEITH E.	6653 WAKDORF COURT	NEW PORT RICHEY FL
			400002337654--0 -11/04/97--01058--006 ***200.00 ***200.00

8. Name and Address of Current Registered Agent

NORRIS, LARRY S.
4151 SALTWATER BLVD.
TAMPA FL 33615

9. Name and Address of New Registered Agent

Name Larry S. Norris
Street Address (P.O. Box Number is Not Acceptable)
14611 PAR CLUB Cir.
Suite, Apt. #, Etc.
City Tampa FL State FL Zip Code 33624

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

Larry S. Norris
REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

Larry S. Norris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/97 813 931-4288

CR2E040 (8/97)