

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT # S41686**

1. Corporation Name  
**PRESTIGE MORTGAGE CO.**

Principal Place of Business Mailing Address

**4501 TAMiami TRAIL N** **3411 TAMiami TR N**  
**STE 210** **NAPLES FL 34103**  
**NAPLES FL 34103** **US**  
**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

**4501 Tamiami Trail N.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 210**  
City & State City & State  
**Naples, FL**  
Zip Country Zip Country  
**34103 Collier**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida **03/28/1991**

5. FEI Number **65-0251068** Applied For Not Applicable

8. 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
P	CONNOR, SYLVIA GLASS	<del>7505 SAN MIGUEL GLASS</del> 1486 Northgate Dr.	<del>NAPLES FL 34103</del> Naples, FL 34105
VP	CONNOR, CHARLES T.	<del>7505 SAN MIGUEL WAY</del> 1486 Northgate Drive	<del>NAPLES FL 34103</del> Naples, FL 34105

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-10/20/99--01082--019  
\*\*\*758.75 \*\*\*758.75

10/13/99

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

**HAINS, TIMOTHY G.**  
**4501 TAMiami TRAIL NORTH, SUITE 300**  
**BARNETT CENTER**  
**NAPLES FL 33940**

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 *Timothy G. Hains* Date 10/13/99  
REGISTERED AGENT MUST SIGN

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: *Sylvia Glass Connor* 10/13/99 941-261-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Sylvia Glass Connor**

CR20040 (8/99)