

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 AUG -7 AM 6:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 542189

1. Corporation Name

Crestland Mortgage Co., Inc.

2. Principal Office Address - No P.O. Box #

7800 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

7800 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

W. Palm Beach, FL

Zip

33405

Country

USA

City & State

W. Palm Beach, FL

Zip

33405

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/2/1991

5. FEI Number

65-0252554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

Mary J. Tomlinson

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

7800 S. Dixie Hwy

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33405

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mary Tomlinson

REGISTERED AGENT MUST SIGN

Date 8/3/07

**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
D.	Mary J Tomlinson	7800 S. Dixie Hwy	West Palm Beach FL 33405

SP0107438719  
08/07/07--01021--009 \*\*1900.00

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 contained in Chapter 119, 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:

Mary Tomlinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/07 561-582-7459

Date

Daytime Phone #