

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V23761

1. Corporation Name

FIDELITY NATIONAL MORTGAGE COMPANY

Principal Place of Business

Mailing Address

2375 TAMiami TR N  
#206  
NAPLES FL 34103  
US

1484 OSPREY AVE  
NAPLES FL 34102  
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

21446 Sheridan Run

21446 Sheridan Run

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ESTERO Florida

ESTERO, Florida

City & State

City & State

ESTERO Florida

ESTERO, Florida

Zip  
33928

Country  
US

Zip  
33928

Country  
US

REINSTATEMENT 8304

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/1992

5. FEI Number

65-0321555

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
D	WESNER, ROBERT W.	1484 OSPREY AVE 21446 Sheridan Run	NAPLES FL Estero, FL
D	WESNER, Shelby W	21446 Sheridan Run	Estero, FL

100028382811  
02/09/04--01006--007 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WESNER, ROBERT W.  
1484 OSPREY AVENUE  
NAPLES FL 34102

Name  
Shelby W. WESNER  
Street Address (P.O. Box Number is Not Acceptable)  
21446 Sheridan Run  
Suite, Apt. #, Etc.

City  
ESTERO

State  
FL

Zip Code  
33928

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. or 617.0505, F.S.

Signature of  
Registered Agent

Shelby W. Wesner  
REGISTERED AGENT MUST SIGN

Date

1/16/04

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: ROBERT WILLIAM WESNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

252

**Robert William Wesner**

21446 Sheridan Run  
Estero, Florida 33928  
Phone: (239) 949-7214  
Fax: (239) 949-7213  
[fnmcofnaples@aol.com](mailto:fnmcofnaples@aol.com)

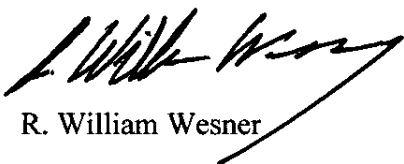
January 16, 2004

Dear Florida Division of Corporations: -

I received the enclosed application for reinstatement for my corporation recently after moving to a new address. No prior notices were ever received. This was most likely due to the fact that I have moved two times within the last six months. Therefore, as instructed per telephone conversation with one of your representatives, I have enclosed a reinstatement check in the amount of \$300 to reactivate my corporation.

Thank you for your time and consideration.

Sincerely,



R. William Wesner