

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V52166

1. Corporation Name SEACO MORTGAGE, INC.

2. Principal Office Address

615 Highway A1A

Suite, Apt. #, etc.

Suite 106

3. Mailing Office Address

P.O. Box 805

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32004

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

July 20, 1992

5. FEI Number

59-3132597

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

Lawrence R. Patterson

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

3010 S. Third Street

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

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

REGISTERED AGENT MUST SIGN

Date November 8, 2001

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
DPT	Hayne D. McCondichie	61 Ponte Vedra Boulevard	Ponte Vedra Beach, FL 32082
VPS	David W. Bowler	718 Ponte Vedra Boulevard	Ponte Vedra Beach, FL 32082

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 8, 2001

Date

(904) 285-3909

Daytime Phone #

CR2E001 (9/00)