

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

4/10/27

DOCUMENT # V53923

1. Corporation Name

97 OCT 27 PM 3:46

AMERICAN HOME MORTGAGE OF WEST FLORIDA, INC.

Principal Place of Business

Mailing Address

9656 US HWY 19  
PORT RICHEY FL 34668  
US

9656 US HWY 19  
PORT RICHEY FL 34668  
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

07/27/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3127306

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

34668

USA

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	LESLIE, SCOTT A.	9656 US HWY 19	PORT RICHEY FL

600002333256-6  
-10/29/97--01127--014  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESLIE, SCOTT A.  
9656 US HIGHWAY 19  
PORT RICHEY FL 34668

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Scott A. Leslie*

REGISTERED AGENT MUST SIGN

Date

10/24/97

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:

*Scott A. Leslie* Scott A. Leslie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/97

Date

813-846-6004

Daytime Phone #

CR2E040 (8/97)