

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 20 PM 12:24

DOCUMENT # V63063

1. Corporation Name

AMERICAN CAPITAL  
MORTGAGE & RENTAL CORP.

REINSTATEMENT 04-06

2. Principal Office Address

705 S HOOPER ST  
Suite, Apt. #, etc.  
#206

3. Mailing Office Address

705 S HOOPER ST  
Suite, Apt. #, etc.  
#206

CR2E081 (12/05)

City & State

TAMPA FL

City & State

TAMPA FL

4. Date Incorporated or Qualified  
To Do Business in Florida

9/8/92

5. FEI Number

593139447

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W. V. KERRIGAN

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

705 S HOOPER ST

Suite, Apt. #, Etc.

#206

City

TAMPA

State

FL

Zip Code

33609

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 3/17/06

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
PRES. DIR.	W. V. KERRIGAN	705 S HOOPER ST #206	TAMPA FL 33609

600069161616

03/31/06--01032--009 \*\*450.00

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:

[Signature] - W. V. KERRIGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/06

Daytime Phone #

813-207-9458

2072

March 17, 2006

Department of State  
Division of corporations  
PO Box 6327  
Tallahassee, FL 32314

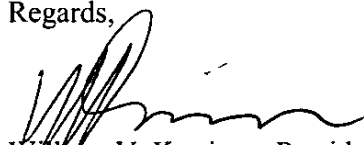
Re: Reinstatement – American Capital Mortgage & Realty Corp.

I did not receive the annual report notices for the year 2004, the year of dissolution of the above referenced entity of which I am President and Director. With this letter I am requesting reinstatement of this entity and a waiver of the reinstatement fee.

Enclosed are the Corporate Reinstatement form and our check for \$450.00 to pay the Annual Report Fee and Corporate Supplemental Fee for the years 2004, 2005, and 2006.

Thank you for your help in this matter.

Regards,



William V. Kerrigan, President  
American Capital Mortgage & Realty Corp.  
205 S Hoover St, Suite 206  
Tampa, FL 33609

Enclosures