


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 31 PM 4:26

DOCUMENT # **N34681**

1. Corporation Name
GULF COAST MORTGAGE BANKERS ASSOCIATION, INC

2. Principal Office Address 5172 HIGEL AVENUE Suite, Apt. #, etc.	3. Mailing Office Address 5172 HIGEL AVENUE Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34242 Country USA	Zip 34242 Country USA

REINSTATEMENT **99-U**

4. Date Incorporated or Qualified To Do Business in Florida **10-16-1989**

5. FEI Number **65-0127021** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **STEPHEN F. VOIGT, SR., VOIGT & VOIGT, PA.**


Street Address (P.O. Box Number is Not Acceptable) **2042 BEE RIDGE ROAD**

Suite, Apt. #, Etc. **58880-6952-15**

City **SARASOTA** State **FL** Zip Code **34239**

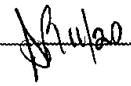
11/27/01-01050-016
358.75 ** 358.75

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.

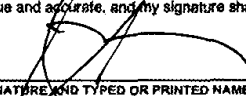
Signature of Registered Agent  Date **10-26-01**

REGISTERED AGENT MUST SIGN

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
P	Patrick Lowry	1819 MAIN Street, #118	Sarasota, FL 34236
VP	Allison Belson	1432 Roosevelt Dr.	Venice, FL 34293
S	Gregg Haarer	3981 Sawyer Rd	Sarasota, FL 34233
T	Clayton Thompson	2653 Stickney Pt Rd	Sarasota FL 34231
D.	See attached. 6 DIRECTOR		

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)(b), 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:  Date **10-26-01** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (R/00)