| | PLEAS | SE READ A | LL INST | RUCTIONS | BEFORE C | OMPLETI | NG THIS | FORM. | |
|-------------------------------------------------|---------------------------------------|---------------------|----------------------------------------|--------------------------------------------------------|---------------------|------------------------------------------------------|---------------------------|-------------------------|------------------------------------------------|
| | PLICATION FOR STATEMENT | | | DEPARTMEN Glenda E. Ho Secretary of S VISION OF CORPOR | od tate | | FILED | 2. 20 | |
| DOCUMENT # P0100026319 | | | | | | | T 17 PM | * | |
| 1. Corpora | | • | - | , , w <u>.</u> | · · · · · · | FAULA | (ETARY-OF (HASSEE, FL | ORIDA | |
| 3 GʻT, | INC. | | ் நூல சிழ்த | T THE STATE OF STATES | a militar a second | | F 40 F 6 F | is arramentally the ext | gas com o |
| Principal Place of Business Mailing Address | | | | | | | | | |
| | | | 2050 FARM WAY - MIDDLEBURG FL 32068 | | | | | | |
| | addresses are incorrect in | | | | | REINS | TATE | WENT | 83 |
| | | | ng Office Address, If | Applicable | | orated or Qualified ess in Florida | d 03/09/ / | 2001 | |
| Suite, Apt. Oity & State | 34 Akthur | Moore Dr | City & State | 4 ARthur | Moore DR. | 5. FEI Number | 59-3706074 | · · | Applied For Not Applicable |
| <u>() re</u> 36 | en Cove Sp 2043 Countly | rings, M. USA | Green 320 | 3 Courson | SA | 6. CERTIFICATE | OF STATUS DESIF | S8.75 Action a Co | Iditional Fee required ertificate of Status |
| 7. Names a | and Street Addresses of | | r Director (Flor | | | | | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | 4 | City / State / 2 | Zip |
| P | THOMAS, BRENDA G | | | 2050 FARM WAY Archun Moore D | | | MIDDI FRURG FL 32068 | | |
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| | | | | | <u>-</u> | 101111 | <u> </u> | -MID WAS | 20-12 |
| <u>ا تنسب ا</u> | 8. Name and Add | Iress of Current R | egistered Age | nt | | 9. Name and A | Address of New | Registered Agen | <u> </u> |
| Name | | | | | | mas brenda Ca. | | | |
| THOMAS, BRENDA G Street Address (2050 FARM WAY | | | | | | P.O. Box Numbel is Not Acceptable) ARTHUR MODRE DR. | | | |
| MIDDLEBURG FL 32068 | | | | | Suite Apt. #, Etc. | | | | |
| | | | | | City | Sprin | 4 | State Zip | 35043 |
| 10. I, being | appointed the registered | d agent of the abov | e named corpo | ration, am familiar wi | th and accept the o | bligations of Section | on 607.0505, F.S | or 617.0505, F.S |). |
| | Kin | D | رام ۱ | 2.3.1.2.2.2 | | | 15 | \ | . ~ |
| Signature o Registered | Agent / Can | Oe L | SISTERED AC | ENT MUST SIGN | | | Date // |)-14-C |) |
| _ | | | | ELT MOOT OIGH | | | | | |

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.

Dronda G. Thomas 10-14-03 406-2027

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

BGT, Inc. Mortgage Outsourcing

BGT, Inc.

1034 Arthur Moore Dr. Green Cove Springs, Fl. 32043 Phone (904) 406-2227 Cell (904) 361-8218 Fax (904) 406-4805



October 15, 2003

To Whom It May Concern:

I am writing in regards to a "Notice of Administrative Dissolution or Revocation" package I received yesterday at the above new business address. I am in shock to have received this. I moved at the end of the summer and unfortunately have not received any notice prior to receiving the above. I am not sure if they went to my prior address and the party remaining there did not forward them to me or whatever happened is not clear.

Please don't revoke my business. I am very much still an active business. I have enclosed the form required to reinstate my business as well as check number #0531 in the amount of \$158.75. These funds represent the \$150.00 fee to file (hopefully) without a penalty and \$8.75 for an updated "Certificate of Status" showing active.

Please let me know if there is anything else I need to provide to you. The numbers I can be reached at are listed above. I thank you in advance to your immediate attention to this serious matter.

Sincerely,

Brenda G. Thomas

Brenda D. Shomas

BGT, Inc.

Attachments