

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 AM 8:06

DOCUMENT # 376463

1. Corporation Name

GULF STATES MORTGAGE AND DEVELOPMENT
CORPORATION

800135851638
09/15/08--01046--012 **2408.75

2. Principal Office Address - No P.O. Box #

4230 DANAMAR DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

4230 DANAMAR DRIVE

Suite, Apt. #, etc.

City & State

PENSACOLA

Zip

32504

Country

USA

City & State

PENSACOLA

Zip

32504

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business In Florida

02/01/1971

5. FEI Number

591364182

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

MARY E. MORTON

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

4155 APRIL ROAD

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32504

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mary E. Morton
REGISTERED AGENT MUST SIGN

Date 09/10/2008

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/S/T	MARY E. BOYETTE	4230 DANAMAR DRIVE	PENSACOLA, FL 32504
VP	MARY E. MORTON	4155 APRIL ROAD	PENSACOLA, FL 32504

REINSTATEMENT 92-08

JB 9/17/08

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:

Mary E. Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/2008

Date

Daytime Phone #