

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAR 28 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

440638

1. Corporation Name

G R A MORTGAGE CORPORATION

CHARTER# 4-40638

2. Principal Office Address

3003 W. INTERNATIONAL 34 CLOVERDALE CT. N.

Suite, Apt. #, etc.

SPEEDWAY BLVD

3. Mailing Office Address

PALM COAST

City & State

DAYTONA BEACH FL.

City & State

FL.

Zip

Country

32124

USA

Zip

Country

32137

USA

**REINSTATEMENT**

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

12-27-'73

5. FEI Number

59-1507255

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

GERARD F. O'DWYER

600004077966--6

-04/25/01--01084--109

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

34 CLOVERDALE CT. N.

\*\*\*\$300.00

\*\*\*\$300.00

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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

GERARD F. O'DWYER

Date 01-12-01

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
PRES.	GERARD F. O'DWYER	34 CLOVERDALE CT. N.	PALM COAST FL. 32137
SEC.	PATRICIA A. GURVEDO	34 CLOVERDALE CT. N.	PALM COAST FL. 32137

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)(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.

GERARD F. O'DWYER

SIGNATURE:

GERARD F. O'DWYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-01 904 447.0769

Date

Daytime Phone #

CR2E081 (9/99)