

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



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

02 AUG -9 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000001514**

1. Corporation Name

**Gibraltar Financial Group
D/B/A GFG Lease, Inc.**

2. Principal Office Address

1829 SE Airport Rd.

Suite, Apt. #, etc.

B

City & State

Stuart, FL

Zip

34996

Country

3. Mailing Office Address

P.O. Box 377

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34995

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/22/99

5. FEI Number

11-3337389

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

Clifford J. Wagner, VICE PRES.

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

1829 B SE Airport Road

200007078182--6

Suite, Apt. #, Etc.

"B"

08/13/02-01055-012

*****300.00 ***300.00**

City

Stuart, FL

State

FL

Zip Code

34996

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

8/5/02

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
VP	Clifford J. Wagner	1829 B SE Airport Rd	Stuart, FL 34996

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

8/5/02

Daytime Phone #

772-219-1700

CR2E081 (9/01)

js 8/5/02