

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
03 DEC -2 PM 2:04

DOCUMENT # P00000073697

1. Corporation Name

GAINES & SMITH FINANCIAL GROUP, INC.

800025234728
12/04/03--01034--005 **1058.75

2. Principal Office Address

3837 NW BOCA RATON BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

3837 NW BOCA RATON BLVD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33431

Country

PALM BEACH

City & State

BOCA RATON, FL

Zip

33431

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2000

5. FEI Number

65-1029146

☒ 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

FLORIDA INCORPORATORS, INC.

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

8875 HIDDEN RIVER PARKWAY

Suite, Apt. #, Etc.

SUITE 300

City

TAMPA

State

FL

Zip Code

33637

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

Mark Hankins

Date 12/1/03

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
D	PATRICK GAINES	3837 NW BOCA RATON BLVD, BOCA RATON FL 33431	
D	MITCHELL SMITH	3837 NW BOCA RATON BLVD	BOCA RATON, FL 33431

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

11/25/03

Date

561-989-0077

Daytime Phone #

CR2081 (10/02)