

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 27 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052210

1. Corporation Name

EMERALD COAST FUNDING, INC.

Principal Place of Business

Mailing Address

12273 EMERALD COAST PKWY
121
DESTIN FL 32541
US

12273 EMERALD COAST PKWY
121
DESTIN FL 32541
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

894 Hwy 98 East #108

City & State
Destin, Florida

Zip Country
32541 Okaloosa

Suite, Apt. #, etc.

894 Hwy 98 East #108

City & State
Destin, Florida

Zip Country
32541 Okaloosa

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1994

5. FEI Number

59-3268947

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	THOMAS, ALAN P	12273 EMERALD COAST PKWY	DESTIN FL 32541
			200003478582--2 -11/28/00--01079--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

THOMAS, ALAN P
12273 EMERALD COAST PARKWAY W.
STE 121
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

Thomas, Alan P.

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

894 Hwy 98 East, Suite 108

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-23-00

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

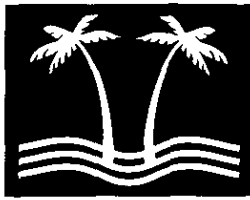
Date

10-23-00

Daytime Phone #

850-837-3863

CR2E040 (8/00)



Emerald Coast Funding, Inc.

A Correspondent License Mortgage Lender

Bozart

10/24/00

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

RE: Emerald Coast funding

To Whom It May Concern:

Please be advised that our address has changed from 12273 Emerald Coast Pkwy. West, Suite 121, Destin FL 32541 to 894 Hwy 98 East Suite 108, Destin FL 32541. We have spoken to a representative of your company who advised us to send 150.00 for a one-year renewal and that the late fees would be waived due to us not receiving the renewal notice because of our address change.

If you need any additional information or have questions, do not hesitate to give me a call. Sorry for the inconvenience and thank you for your help in this matter.

Sincerely,

Alan P. Thomas
Owner/President