

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 SEP 15 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **995000092120**

1. Corporation Name

**GEMINI MORTGAGE CORPORATION**

Principal Place of Business

**MIAMI, FLA**

Mailing Address

**1150 NW 72 AVE  
STE 360  
MIAMI, FL 33126**

If name and address 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

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/1/95**

5. FEI Number

**65-0623993**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75** Additional Fee required  
for a Certificate of Status

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

Title Name of Officers  
and/or Directors

3. Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

4. City / State / Zip

P/S **RAY LOZANO**

**4504 SW 1ST STREET**

**MIAMI, FL 33134**

**400002993414--4**  
-09/22/99--01006--014  
\*\*\*\*\*300.00 \*\*\*\*\*900.00

**400002993414--4**  
-09/22/99--01006--015  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

**RAY LOZANO  
4504 SW 1ST STREET  
MIAMI, FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

I, the undersigned, being 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

*Ray Lozano*

REGISTERED AGENT MUST SIGN

Date **9/13/99**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

I, the undersigned, being 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 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 due to 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)(b), F.S. The information stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Ray Lozano*

/RAY LOZANO

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/13/99 (305) 717-3217**

Date

Daytime Phone #

CR2E081 (1/2/98)