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Requestor's Name  85 (17) 5. W; 107 54.  Address  Miam, Fla. 331576  City/State/Zip Phone #	
CORPORATION NAME(S) & DOCUMENT N	Office Use Only UMBER(S), (if known):
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1(Corporation Name)	3000034440732 -10/30/0001123003 
2	
(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
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EW FILINGS AMENDMENTS	SSE S
Profit Amendment	
NonProfit Resignation of R.A., Officer/	/Director SEX 99
Limited Liability Change of Registered Agent	
Domestication Dissolution/Withdrawal	
Other Merger	
Other Process	33
OTHER FILINGS REGISTRATION/	
Annual Report QUALIFICATION	
Fictitious Name Foreign	10000
Name Reservation Limited Partnership	The Contraction of the Contracti
Reinstatement	
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105	Examiner's Initials

CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 17, 2000

JAMES C. BLACK GATEWAY MORTGAGE BANKERS, INC. 7270 N.W. 12TH STREET PH1 MIAMI, FL 33126

SUBJECT: GATEWAY MORTGAGE BANKERS, INC.

Ref. Number: P96000013347

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 600A00054352

## RESIGNATION OF REGISTERED AGENT

Fursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JAMES C. BLACK
(Name of registered agent)
hereby resigns as Registered Agent for <u>CATEWAY MORTGAGE BANKERS</u> , IMC (Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known activess
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314