

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000032315**

1. Corporation Name

Goltside Lending Inc

2. Principal Office Address

174 Court St

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33756

Country **USA**

Pinellas

3. Mailing Office Address

20 Leeward Island

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip **33756**

67

Country **USA**

REINSTATEMENT

99.00

4. Date Incorporated or Qualified
To Do Business in Florida

April 1997

5. FEI Number

59-3450523

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

Jamie W Brown

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

20 Leeward Island

Suite, Apt. #, Etc.

100003328381-2

-07/19/00--01097--017

******900.00 ****900.00**

City

Clearwater

State
FL

Zip Code

33767

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

Jamie W Brown

REGISTERED AGENT MUST SIGN

Date **6/30/00**

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

Pres. Jamie W Brown

20 Leeward Island

Clearwater, FL 33767

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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

Jamie W Brown

6/30/00

Date

Daytime Phone #

(771) 466-0822

CR2E081 (9/99)