

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

**01 MAR 26 PM 1:59**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000055064

**1. Corporation Name** GULF COAST MORTGAGE GROUP, INC

**2. Principal Office Address** 12650 World Plaza Ln  
**3. Mailing Office Address** 12650 World Plaza Ln

Suite, Apt. #, etc. Suite # 2 Suite # 2

City & State Ft Myers, Fl Ft Myers, Fl

Zip Country Zip Country  
33907 USA 33907 USA

**REINSTATEMENT 00-01**

**4. Date Incorporated or Qualified**  
To Do Business in Florida 06/18/1998

**5. FEI Number** 65-0842874  
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 Anthony E Lee

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

1717 SW 43rd Ln

Suite, Apt. #, Etc.

City

Cape Coral

State  
FL

Zip Code  
33914

**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 X

REGISTERED AGENT MUST SIGN

Date 3-16-01

**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
P	Anthony E Lee	1717 SW 43rd Ln	Cape Coral, Fl 33914

**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:** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

Date

941-936-3633

Daytime Phone #

CR2E081 (9/00)