

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 11 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000065669**

1. Corporation Name

T&L MORTGAGE BANKER INC

2. Principal Office Address

1790 S. TREASURE DR

Suite, Apt. #, etc.

SET # 4

City & State

NORTH BAY VILLAGE

Zip

33141

Country

USA

3. Mailing Office Address

1790 S. TREASURE DR

Suite, Apt. #, etc.

SET # 4

City & State

NORTH BAY VILLAGE

Zip

33141

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/27/1998

5. FEI Number

65-0854168

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

TRIST GAMMIE

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

1790 S. TREASURE DRIVE.

Suite, Apt. #, Etc.

4

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141

400021474904

07/11/03--01018--003 **750.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7/10/03**

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
OWNER	TRIST GAMMIE	1790 S. TREASURE DR	NORTH BAY VILLAGE 33141

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] **TRIST GAMMIE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2003

Date

Daytime Phone #

305-866-5151

CR2E081 (10/02)