PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 FEB -9 PM 2: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000031812*

1. Corporation Name
GULF STATES MORTGAGE CORP.

2. Principal Office Address
2911 E. COMMERCIAL
Suite, Apt. #, etc. BLVD.
SUITE A
City & State
FORT LAUDERDALE, FL
Zip 33308 Country USA

3. Mailing Office Address
5860 NE 14 RD
Suite, Apt. #, etc.
City & State
FT. LAUDERDALE, FL
Zip 33334 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 4-7-99

5. FEI Number 65091 00 39

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 ERIC E. TOMAINI

Street Address (P.O. Box Number is Not Acceptable)
5860 NE 14th ROAD

Suite, Apt. #, Etc.

City FORT LAUDERDALE   State FL   Zip Code 33334

200003748312--8
-02/23/01--01005--001
****785.00 ****785.00

---

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

REGISTERED AGENT MUST SIGN

Date 1/29/01

CR2E081 (9/00)

---

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
DIR	ERIC E. TOMAINI	5860 NE 14th ROAD	FORT LAUDERDALE, FL, 33334
		200003748312--0 -02/23/01--01005--002 ****115.00 ****115.00	

---

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 ERIC E. TOMAINI 1/29/01 954-776-8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #