

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

01 MAY 10 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000065750**

1. Corporation Name

Golden Estates Mortgages Inc.

2. Principal Office Address

*16208 Bellemore Blvd
Odessa FL 33556*

Suite, Apt. #, etc.

City & State

Odessa FL 33556

Zip

33556

Country

Hillsborough

3. Mailing Office Address

PO Box 270057

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33618-0057

Country

Hillsborough

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

7/26/99

5. FEI Number

59-3588276

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

Elton Lassiter

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

16208 Bellemore Blvd

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

REINSTATEMENT

2000-01
Jm

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

Elton Lassiter

REGISTERED AGENT MUST SIGN

Date

5/10/01

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
<i>Off</i>	<i>Elton Lassiter</i>	<i>16208 Bellemore Blvd Odessa FL 33556</i>	<i>Odessa FL 33556</i>
<i>Pres</i>	<i>Nicole Lassiter</i>	<i>16208 Bellemore Blvd Odessa FL 33556</i>	<i>Odessa FL 33556</i>

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*******908.75 *****908.75**

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:

Elton Lassiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01

Date

Daytime Phone #

813-792-1459

CR2E081 (9/00)