

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:10

DOCUMENT # P99000082597

**1. Corporation Name**

IDEAL mortgage solutions of The  
Treasure Coast.

**2. Principal Office Address**

901 SW martin Downs Blvd

Suite, Apt. #, etc.

City & State

Palm City FL

Zip

34990

Country

USA

**3. Mailing Office Address**

901 SW martin Downs

Suite, Apt. #, etc. Blvd.

City & State

Palm City FL

Zip

34990

Country

USA

**REINSTATEMENT** 00

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

9/13/99

**5. FEI Number**

65-0946022

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

Jeffrey B. Long

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

5454 S.W. Quail Hollow ST.

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

400003487764-3

12/05/00 01072-016

\*\*\*750.00 \*\*\*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

Jeffrey B. Long

REGISTERED AGENT MUST SIGN

Date 10/14/00

**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
<u>P</u>	<u>Jeffrey B. Long</u>	<u>5454 S.W. Quail Hollow</u>	<u>Palm City FL 34990</u>
<u>VP</u>	<u>Rarin L Long</u>	<u>5454 SW. Quail Hollow</u>	<u>Palm City FL 34990</u>

**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:

Jeffrey B. Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/00

Date

561-284-2963

Daytime Phone #

CR2E081 (9/99)