

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 320354

1. Corporation Name

GIBSON INDUSTRIES, INC.

Principal Place of Business Mailing Address

1390 Swearingen Av.
Bartow, FL 33830

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 14, 1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1206698

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	W. O. GIBSON	1390 SWEARINGEN AV.	BARTOW, FL 33830

600002684586-1
-11/10/98-01066-001
****315.00 ****315.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

W. O. GIBSON
1390 SWEARINGEN AV.
BARTOW, FL 33830

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date

11-3-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.O. GIBSON

Date

11-3-98

Daytime Phone #

941-533-6385

CR2E040 (1/98)

20/2

GIBSON INDUSTRIES, INC.
P. O. BOX 2434
BARTOW, FL. 33821

NOVEMBER 3, 1998

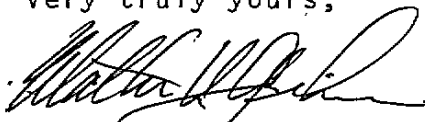
Gentlemen:

Please find enclosed application for re-instatement for the above. On the 30th of October, I contacted your office and talked with "Shawn" in reference to the cancellation of our Corporate Charter September 26, 1997.

In our conversation, I told him I was located in Bartow and he indicated your communication had been to Lakeland and returned unclaimed. Shawn indicated this was probably the reason for cancellation and asked me to return the enclosed application with a check for \$315.00 which would cover re-instatement.

Thank you for your consideration and our apologies for the mix-up.

Very truly yours,



Walter O. Gibson