PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 UBL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 31 AM 8:01

DOCUMENT # 326354

1. Corporation Name

GIBSON INDUSTRIES, INC.

Principal Place of Business	Mailing Address
1390 SWEARINGEN AVE. BARTOW FL 33830 US	1390 SWEARINGEN AVE. BARTOW FL 33830 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/1968

5. FEI Number: 59-1206698 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GIBSON, W.O.	1390 SWEARINGEN AVE.	BARTOW FL 33830

100008726881
10/31/02--01047--019 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GIBSON, W.O. 1390 SWEARINGEN AVE. BARTOW FL 33830	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date Oct 22 02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Oct 22 02
Daytime Phone # 863 533-1385

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GIBSON INDUSTRIES, INC.
1390 SWEARINGEN AVENUE
BARTOW, FL 33830

863-533-6385

October 24, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl., 32314-6327

Gentlemen:

Please find enclosed the executed "Application for Reinstatement" for Gibson Industries, Inc. along with a check for $150.00.

I'm asking that you waive the penalty for reinstatement based on the fact that I never received the two annual reports previously mailed to me. I apologize for the tardiness of the return and ask that you accept my late failing based on the fact I never received my reports.

If any further information is needed regarding this matter please let me know.

Sincerely,

W. O. Gibson
President

Enclosures