

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F80643

1. Corporation Name

GELARDI, INC.

Principal Place of Business

GULF COAST TRANSIT  
1442 SE 16TH PL  
CAPE CORAL FL 33990  
US

Mailing Address

GULF COAST TRANSIT  
1442 SE 16TH PL  
CAPE CORAL FL 33990  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/05/1982

5. FEI Number

59-2210638

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPD	GELARDI, VICKIE	5389 FAIRFIELD WAY	FT MYERS FL
S	GELARDI, JAMES A	5389 FAIRFIELD WAY	FT MYERS FL 33919
T	GELARDI, JACQUELINE M	5383 FAIRFIELD WAY	FT. MYERS FL
P	GELARDI, MICHAEL S	6064 TIMBERWOOD CIR	FT MYERS FL
TR	GELARDI, CHRISTINE M	5389 FAIRFIELD WAY	FT MYERS FL

900008624919  
10/28/02--01079--011 \*\*150.00

8. Name and Address of Current Registered Agent

GELARDI, MICHAEL J  
1442 SE 16TH PL  
CAPE CORAL FL 33990

9. Name and Address of New Registered Agent

Name: MICHAEL J GELARDI  
Street Address (P.O. Box Number is Not Acceptable): 1442 SE 16TH Place CAPE Coral  
Suite, Apt. #, Etc.: Cape Coral  
City: Cape Coral State: FL Zip Code: 33990

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

REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

MICHAEL J GELARDI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 239-772-8200

11/4/02

10/24/02

Department of State

It is highly unlikely that I overlooked these statements. I have no recollection of any paper like this coming across my desk. Enclosed is a check for 150<sup>00</sup>. Thank you.

Sincerely,  
Michael Glavin

239-772-8206