

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 JAN 27 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000082460

1. Corporation Name

GILVEN ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

1422 PAULA DRIVE

3. Mailing Office Address

1422 PAULA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA FL

City & State

APOPKA FL

Zip

32703-7424

Country

UNITED STATES

Zip

32703-7424

Country

UNITED STATES

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

06-1671385

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

JERRY W GILVIN

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

1422 PAULA DRIVE

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703-7424

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jerry W Gilvin
REGISTERED AGENT MUST SIGN

Date 1-23-2009

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
PRES	JERRY W GILVIN	1422 PAULA DRIVE	APOPKA FL 32703-7424
VP	CAROLE L GILVIN	1422 PAULA DRIVE	APOPKA FL 32703-7424

REINSTATEMENT

RH

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 807.0401 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 contained in Chapter 119, 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:

Jerry W Gilvin JERRY W GILVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2009

Date

407/467-0100

Daytime Phone #