PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

P12824

1. Corporation Name

GIBBENS DRAKE & SCOTT INC.

Principal Place of Business

Registered Agent

Mailing Address

9201 E. 63RD STREET. STE. 100 RAYTOWN MO 64133

9201 E. 63RD STREET, STE. 100 RAYTOWN MO 64133

FILED

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SECKLIARY OF STATE TALLAHASSEE, FLORIDA

US If above a	ddraeeae ara	incorrect in any way. line t	US hrough incorrect in	oformation and	d antar correction bolo	RFINS	rateaee.	\mathcal{A}	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				ing Office Address, If Applicable		Date Incorp	4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt. #,				etc.		5. FEI Numbe	5. FEI Number Applied For		
City & State - City & S			-City & State	е					
Zip		Country	Zip		Country	■ =:		.75 Additional Fee required for a Certificate of Status	
7. Names a	ınd Street Ade	dresses of Each Officer an	d/or Director (Flo	rida nonprofit	corporations must list	at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	GIBBENS, THOMAS E			9201 E. 63RD STREET, STE. 100			RAYTOWN MO 64133		
VPTD	DRAKE, R	OBERT M		9201 E. 63RD STREET, STE. 100			RAYTOWN MO 64133		
VPSD	SCOTT, TIMOTHY L			9201 E. 63RD STREET, STE. 100			RAYTOWN MO 64133		
VΡ	GUERRA, JAY R				9201 E. 63RD STREET, SUITE !00 RAYTOWN, MO 64133				
						<u>∠</u> t	-01/22/020		
							•		
8. Name and Address of Current Registered Agen				nt 9. Name and			Address of New Registered Agent		
					Name				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324						Suite, Apt. #, Etc.			
			10. Table 10. 11. 11. 11. 11. 11. 11. 11. 11. 11.	,	City		State FL		

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.

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.

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gibbens - President 12/14/01