

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations



99 AR

FILED
Nov 16 1999 8:00 am
Secretary of State

DOCUMENT # **P98000054246**

1. Corporation Name **GILLISS + GILLISS INC.**

Principal Place of Business Mailing Address
**5819 U.S. Hwy 19
New Port Richey, FL 34652**

**500003050575--9
-11/22/99--01020--006
****150.00 ****150.00**

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	JUNE 17, 1998
5. FEI Number	59-3519730
Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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.	John P. Gilliss	5819 U.S. Hwy 19	New Port Richey, FL 34652
			SP

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name JOHN P. GILLISS
	Street Address (P.O. Box Number is Not Acceptable) 5819 U.S. HIGHWAY 19
	Suite, Apt. #, Etc.
	City New Port Richey State FL Zip Code 34652

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 **John P. Gilliss** Date **11/15/99**
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: **John P. Gilliss** Date **11/15/99** 727-815-9611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN P. GILLISS Daytime Phone #

CR2E081 (12/99)



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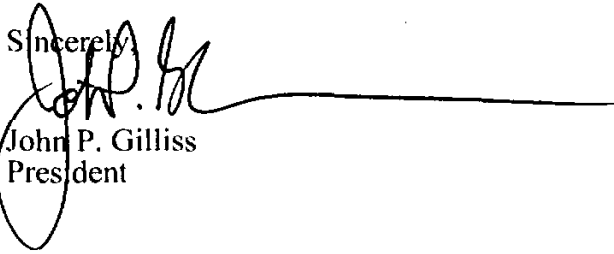
5819 U.S. Highway 19 • New Port Richey, FL 34652
Phone: 727-815-9611 • Fax: 727-843-0881

November 10, 1999

To Whom It May Concern:

We recently found out that the Articles of Incorporation had been dissolved as of 9/24/99. My Office Manager called your office and spoke with Stacie Prather on 11/9/99. Stacie informed her that the notice was returned by the post office due to an incorrect address. That enclosed form is complete along with a check for \$150.00 for renewal of document number P98000054246 for corporation. Please expedite this as soon as possible and waive any fees that may be due.
Thank-you.

Sincerely,



John P. Gilliss
President