

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000013539

1. Entity Name
GYN CORPORATION



FILED

06 FEB 24 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2961 FRIERSON STREET
UNIT 25
FORT MYERS, FL 33916

Mailing Address
2961 FRIERSON STREET
UNIT 25
FORT MYERS, FL 33916

2. Principal Place of Business
7B BRUNSWICK LN
Suite, Apt. #, etc.

3. Mailing Address
7B BRUNSWICK LN
Suite, Apt. #, etc.

City & State
Palm Coast
Zip
32137
Country

City & State
Palm Coast - FL
Zip
32137
Country



REINSTATEMENT 05-06

4. FEI Number
20-0627528

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
11601 S CLEVELAND AVENUE
SUITE 6
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FERNANDES, JAYME**
STREET ADDRESS **2961 FRIERSON STREET #25**
CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE **V** ☐ Delete
NAME **COGO, DENISE L**
STREET ADDRESS **2961 FRIERSON STREET #25**
CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **FERNANDES, JAYME**
STREET ADDRESS **7B BRUNSWICK LN**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **V** ☒ Change ☐ Addition
NAME **COGO, DENISE**
STREET ADDRESS **7B BRUNSWICK LN**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000067377790
03/08/06--01006--013 **300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jayme Fernandes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-06
Date

386-937-7492
Daytime Phone

K. Eckel FEB 24 2006