

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 403537

1. Corporation Name

B. GNANN CORPORATION

Principal Place of Business

**2910 Hickory Road
Auburndale, FL 33823**

Mailing Address

**P. O. Box 73
Auburndale, FL 33823**

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

2. New Principal Office Address, If Applicable
2910 Hickory Road

Suite, Apt. #, etc.

City & State

Auburndale, FL

Zip

33823

Country

Polk

3. New Mailing Office Address, If Applicable

P. O. Box 73

Suite, Apt. #, etc.

City & State

Auburndale, FL

Zip

33823

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

6-21-72

5. FEI Number

59-1412937

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

FILED

00 AUG 28 PM 12:47

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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
P/S/T/D	Myrtle M. Gnann	2710 Hickory Road	Auburndale, FL 33823

**300003380093--6
-09/01/00--01040--013
***1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Myrtle M. Gnann

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

2910 Hickory Road

Suite, Apt. #, Etc.

City

Auburndale

State

FL

Zip Code

33823

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

Myrtle M. Gnann

Myrtle M. Gnann REGISTERED AGENT MUST SIGN

Date **August 17, 2000**

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:

Myrtle M. Gnann
Myrtle M. Gnann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 17, 2000

Date

863/688-7747

Daytime Phone #

KE

CR2E081 (12/98)