

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
2014 JAN 29 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 404294

1. Corporation Name

**Gunther Investment Company**

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

707 Rio Lindo Drive

Suite, Apt. #, etc

City & State

Jacksonville, FL

Zip

32207

Country

USA

3. Mailing Office Address

707 Rio Lindo Drive

Suite, Apt. #, etc

City & State

Jacksonville, FL

Zip

32207

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1972

5. FET Number

59-1405969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gunther, Oscar R.

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

707 Rio Lindo Drive

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32207

900256194219  
01/30/14--01019--001 \*\*1058.75

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

*Oscar R. Gunther*  
REGISTERED AGENT MUST SIGN

Date 1-28-14

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
PD	Gunther, Oscar R.	707 Rio Lindo Drive	Jacksonville, FL 32207
SD	Gunther, Mariela	707 Rio Lindo Drive	Jacksonville, FL 32207
			S. HAWKES
			JAN 31 A.M.
			EXAMINER

**REINSTATEMENT**

2012-13

10. E-mail Address: OGUNTHER1@COMCAST.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:

*Oscar R. Gunther* - President 1-28-14 904-379-6168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #