


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 25 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 525247

1. Corporation Name  
  
GIBSON ENTERPRISES, INC.

2. Principal Office Address 5668 Avenue B Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32209		Country USA		3. Mailing Office Address 5668 Avenue B Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32209		Country USA	
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**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified To Do Business in Florida 02/07/1977

5. FEI Number 59-1733740

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee for a Certificate

7. Name and Address of Current Registered Agent

Name  
Harold J. Gibson

Street Address (P.O. Box Number is Not Acceptable)  
3313 Ribault Scenic Drive

Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32208

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 *X Harold J. Gibson* REGISTERED AGENT MUST SIGN

Date 3-16-04

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
COB	Gibson, Harold J.	3313 Ribault Scenic Dr.	Jacksonville, FL 32208
P	Gibson, June B.	3313 Ribault Scenic Dr.	Jacksonville, FL 32208
V	Gibson, Gail R.	6737 Newgate Cir. E.	Jacksonville, FL

10. 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 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 taxes 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *X June B. Gibson* JUNE B. GIBSON

DATE: 3/16/04

DAYTIME PHONE #: (904) 768-3217

*tc*