

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 10 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Gil-Mac, Inc.

REINSTATEMENT 01-02

2. Principal Office Address

1480 North U.S. 1

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 236

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

327

Country

US

City & State

Mims, FL

Zip

32754

Country

US

4. Date Incorporated or Qualified:
To Do Business in Florida

12/14/1977

5. FEI Number

59-1831664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Freeman, Gilbert

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

2814 Econ Ave.

Suite, Apt. #, Etc.

City

Mims

State

FL

Zip Code

32754

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 06-06-02

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
P	Freeman, Gilbert	2814 Econ Ave.	Mims, FL 32754
V	Freeman, Jill	1905 Kirby Dr.	Titusville, FL 32796
T	Freeman, Troy	1905 Kirby Dr.	Titusville, FL 32796
S	Freeman, Sharon	2814 Econ Ave.	Mims, FL 32754

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 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:

[Signature] Jill Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-02 (321) 267-8126
Date Daytime Phone #

CR2E081 (9/01)