

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUL -1 11:10:39

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # 714735**

**1. Corporation Name**

The Gathering International Inc.

**2. Principal Office Address**

1700 Waterford Drive

**3. Mailing Office Address**

1700 Waterford Drive

Suite, Apt. #, etc.

#150

Suite, Apt. #, etc.

#150

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

Zip

32966

Country

USA

Zip

32966

Country

USA

**REINSTATEMENT**

03-05

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

6/11/68

**5. FEI Number**

59-0740572

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

Wesley B. Friesen

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

6 Lamplighter Lane

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

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**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

REGISTERED AGENT MUST SIGN

Date June 8, 2005

**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
PST-D	Rosella M. Friesen	1700 Waterford Drive	Vero Beach, FL 32966

**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:**

*Rosella Friesen*  
Rosella Friesen

Date

June 21, 05 772-713-4461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (01/05)