

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 19 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 854854

1. Corporation Name

E. Gilbert & Sons, Inc.
45887 Mound Rd.
Utica, MI 48317

WI-18424

400175826994
04/14/10 01045 014-\$2858.75
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
45887 Mound Rd.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Utica, MI

City & State

Zip

48317

Country

USA

Zip

Country

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

06/29/82

5. FEI Number

38-2073170

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

Lester Clayton Gilbert

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

8014 Buccaneer Dr.

Suite, Apt. #, Etc.

City

Ft. Meyers Beach

State

FL

Zip Code

33931

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

400175826994

04/22/10--01004--024 **150.00

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**

Lester C. Gilbert
REGISTERED AGENT MUST SIGN

Date April 13, 2010

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
CEO	Lester C. Gilbert	27320 Milton Ave.	Warren, MI 48092

REINSTATEMENT

**M. MILLIGAN
EXAMINER**

APR 19 2010

10. E-mail Address:

(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., that all fees owed by the corporation have been paid, 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.

SIGNATURE:

Lester C. Gilbert

Lester C. Gilbert

04/13/10

586-855-0135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #