

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 2:09

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **857378**

**1. Corporation Name**

**G-A KLEISSLER COMPANY**  
**202 WINSTON CREEK PARKWAY**  
**LAKELAND FL 33810**  
**FEI 32-1041080**  
**CHARTER: 857378**

**2. Principal Office Address**

**202 WINSTON CREEK PARKWAY**

Suite, Apt. #, etc.

City & State

**LAKELAND FL**

Zip

**33810**

Country

**USA**

**3. Mailing Office Address**

**202 WINSTON CREEK PARKWAY**

Suite, Apt. #, etc.

City & State

**Lakeland FL**

Zip

**33810**

Country

**USA**

**REINSTATEMENT 03**

**400023514314**

**10/02/03--01053--024 \*\*1000.00**

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

**1982**

**5. FEI Number**

**32-1041080**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$375 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**THOMAS J. ANDERSON**

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

**202 WINSTON CREEK PARKWAY**

Suite, Apt. #, Etc.

City

**LAKELAND**

State

**FL**

Zip Code

**33810**

**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

*Thomas J. Anderson*

REGISTERED AGENT MUST SIGN

Date

**9/23/03**

**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
Chairman	EDWIN A KLEISSLER JR	234 WASHINGTON AVE	AVON BY THE SEA, NJ 07717
V.P.	ROBERT J. KLEISSER	2024 SYLVESTER COURT	LAKELAND FL 33803
Secy	SUSAN GANNON	27 ALLEN STREET	BASKING RIDGE, NJ 07920
V.P.	EDWIN A KLEISSLER III	4744 Highlands Place Circle	Lakeland FL 33813
PRES.	THOMAS J. ANDERSON	6004 PIER PLACE DR	Lakeland FL 33813

**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:

*Thomas J. Anderson*

**THOMAS J. ANDERSON**

**9/23/03**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(863)688-1447**

CR2E081 (10/02)