


2008 FOR PROFIT-CORPORATION REINSTATEMENT

DOCUMENT # F06000007402 1. Entity Name GAINEY CORPORATION						FILED 08 DEC 11 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6000 CLAY AVE., S.W. GRAND RAPIDS, MI 49548				Mailing Address 6000 CLAY AVE., S.W. GRAND RAPIDS, MI 49548			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DENHOF, DAN 7979 N.W. 29TH STREET MIAMI, FL 33122				7. Name and Address of New Registered Agent Name HARVEY N. GAINEY Street Address (P.O. Box Number is Not Acceptable) 26444 COUNTY ROAD 33 SOUTH City OKATILLA, OKLA FL Zip Code 34762			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT GAINEY, HARVEY 6000 CLAY AVE., S.W. GRAND RAPIDS, MI 49548 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138956618 12/11/08--01025--012 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOLHOEK, DAN 6000 CLAY AVE., S.W. GRAND RAPIDS, MI 49548 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS CARL OOSTERHOUSE 6000 CLAY AVENUE GRAND RAPIDS, MI 49548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY N. GAINEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.24.2008
Date
530.8558
Daytime Phone #