

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 PM 4:00

DOCUMENT # F81728

1. Corporation Name

GINGERICH PROPERTIES, INC.

200004880302--5
-02/05/02--01046--013
***1050.00 ***1050.00

2. Principal Office Address

2965 BEE RIDGE

Suite, Apt. #, etc.

3. Mailing Office Address

PO 20196

Suite, Apt. #, etc.

City & State

SARASOTA

Zip

34239

Country

SABA

City & State

SARASOTA

Zip

34276

Country

SABA

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

1982

5. FEI Number

592192573

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

EDNA GINGERICH

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

2746 DICK WILSON

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34241

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]

Date

1/09/02

REGISTERED AGENT MUST SIGN

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
PRES	EDNA GINGERICH	2746 DICK WILSON	SARASOTA, FL 34240
			AD

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDNA GINGERICH

Date

1/09/02

Daytime Phone #

941

923-4765

CR2E081 (9/01)