

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.  
City & State  
SARASOTA  
Zip Country  
34239 SARA

3. Mailing Office Address  
PO 20196  
Suite, Apt. #, etc.  
City & State  
SARASOTA  
Zip Country  
34276 SARA

**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 \_\_\_\_\_ 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: \_\_\_\_\_ EDNA GINGERICH 1/09/02 941 923-4765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)