

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000005198

1. Corporation Name

GERLACH ENTERPRISES, INC.

Principal Place of Business

2220 E. MAIN AVE.  
WEST FARGO ND 58078

Mailing Address

P.O. BOX 189  
WEST FARGO ND 58078-0189

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 10/06/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 45-0423308
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
CP	GERLACH, AL	2220 E. MAIN AVE.	WEST FARGO ND 58078
DV	GERLACH, SHARON	2220 E. MAIN AVE.	WEST FARGO ND 58078
S	JAEGER, RUTH	2220 E. MAIN AVE.	WEST FARGO ND 58078
T	SELL, PATRICIA	2220 E. MAIN AVE.	WEST FARGO ND 58078
			200002003792-3 11/13/96 01105 025 ****383.75 ****383.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered AgentREQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/25/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No (See other side for information  
on intangible tax.)

12. 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)(l), 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:

SIGNED  
REINSTATEMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/96 (71)281-2595  
Daytime Phone #