

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000001255**

1. Corporation Name

**GARY RICHARDS CO.**

Principal Place of Business

P.O. BOX 1077  
VENICE FL 34285

Mailing Address

P.O. BOX 1077  
VENICE FL 34285

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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

03/16/1995

5. FEI Number

37-1114905

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	City / State / Zip 4
<del>PS</del>	<del>RICHARDS, GARY</del>	<del>1611 MAPLE ST</del>	<del>NOKOMIS FL 34275</del>
P	RICHARDS, GARY	104 AMALFIE ROAD	NOKOMIS FL 34275
S	RICHARDS, SUNG	104 AMALFIE ROAD	NOKOMIS FL 34275

000025156740  
12/02/03--01029--023 \*\*750.00

8. Name and Address of Current Registered Agent

~~RICHARDS, GARY~~  
~~1611 MAPLE ST~~  
~~NOKOMIS FL 34275~~

9. Name and Address of New Registered Agent

Name

RICHARDS, GARY

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

104 AMALFIE ROAD

Suite, Apt. #, Etc.

City

NOKOMIS

State

FL

Zip Code

34275

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. or 617.0505, F.S.

Signature of  
Registered Agent

GARY RICHARDS  
REGISTERED AGENT MUST SIGN

Date 11/23/03

11. 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:

GARY RICHARDS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/23/2003 (941)488-1995

Daytime Phone #

CR2E040 (7/03)