

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 28 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004014

1. Corporation Name

GASPER CORPORATION OF AMERICA

Principal Place of Business

1430 OAK CT., STE. 314
DAYTON OH 45430

Mailing Address

1430 OAK CT., STE. 314
DAYTON OH 45430

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1997

5. FEI Number

31-1068806

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
P	GASPER, DAVID A	1920 GLEN MEADOW WAY	DAYTON OH 45432
GFO- Treas.	NICHOLS, TONY G. Todd Bollenbacher	614 THORNBURY DR 1611 S. Main Street	DAYTON OH 45439 Dayton, OH 45479
VPRD Sec.	DAWSON, JEFFREY J. Andrew Orent	4926 FRANKLIN AVE 1334 S. Patterson Blvd.	DAYTON OH 45432 Dayton, OH 45479
VPS Ast. Sec.	DASHOW, JEROME H. M. Louise Turilli	8285 RHINEWAY 101 W. Schantz Avenue	CENTERVILLE OH 45458 Dayton, OH 45479
VPMS	HARRIS, CHESTER A.	272 WALNUT GROVE DR	DAYTON OH 45458

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name ~~500003196378-7~~
-04/05/00--01074--008
Street Address (P.O. Box Number is Not Acceptable) ~~800.00 ***900.00~~
Suite, Apt. #, Etc.
City State Zip Code
FL

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 Agent

Susan J. Metz
SIGNATURE REQUIRED
Susan J. Metz
REGISTERED AGENT SECRETARY

Date 3/22/00

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:

David Gasper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

Date

937-427-5200

Daytime Phone #

KE

CR2E040 (8/99)