

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

102

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F98000000646

1. Corporation Name

GYPSUM EXPRESS LTD., INC.

Principal Place of Business

Mailing Address

2914 BELGIUM RD. ROUTE 31  
BALDWINVILLE NY 13027

2914 BELGIUM RD. ROUTE 31  
BALDWINVILLE NY 13027



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

2. New Principal Office Address, If Applicable

8280 Sixty Rd  
Suite, Apt. #, etc.

PO Box 268  
City & State

Baldwinsville NY  
Zip Country

13027 US

3. New Mailing Office Address, If Applicable

8280 Sixty Rd  
Suite, Apt. #, etc.

PO Box 268  
City & State

Baldwinsville NY  
Zip Country

13027 US

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/1998

5. FEI Number

02-0387976

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	WIGHT, JOHN	2914 BELGIUM RD, ROUTE 31	BALDWINVILLE NY
V	GLESSING, JOHN	2914 BELGIUM RD, ROUTE 31	BALDWINVILLE NY
S	LINEHAN, PATRICIA	2914 BELGIUM RD, ROUTE 31	BALDWINVILLE NY
			600003509966--6 -12/21/00--01029--018 ****400.00 ****400.00

8. Name and Address of Current Registered Agent

MOSS, MARVIN I  
AVENTURA CORPORATE CENTER  
20801 BISCAYNE BLVD., STE 506  
NORTH MIAMI BEACH FL 33180-1430

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

*James McSally*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

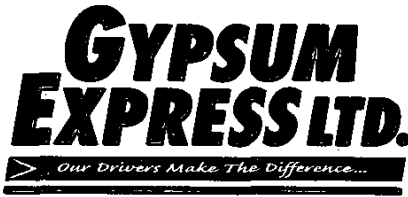
11/28/00

Daytime Phone #

315-638-2201

Controller

KE



2082

8280 Sixty Road • P.O. Box 268 • Baldwinsville, NY 13027 • (315) 638-2201 • Fax (315) 638-2453 • (800) 621-7901

USDOT: 623098 ICC: 175702

November 29, 2000

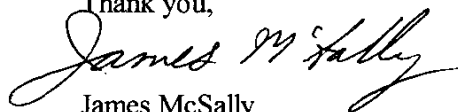
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL. 32314-6327

To Whom It May Concern:

I am submitting our "Application for Reinstatement" including a check for \$400.00. I spoke with Michelle Milligan from your office today. She informed me that a notice was sent to Gypsum Express on August 4, 2000. We don't show receiving the notice. Please accept this check to return our status to active.

If I can answer any questions, I can be reached @ 800-621-7901 ext 146

Thank you,

  
James McSally  
Controller