

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G34004

1. Entity Name
THE GABOR AGENCY, INC.



Principal Place of Business
3500 FINANCIAL PLACE
4TH FLOOR
TALLAHASSEE, FL 32312 US

Mailing Address
3500 FINANCIAL PLACE
4TH FLOOR
TALLAHASSEE, FL 32312 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05212007 REIN-P CR2E098 (1/07)

4. FEI Number
59-2270026

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required



6. Name and Address of Current Registered Agent

DIAMANTIS, CHRIS
3500 FINANCIAL PLAZA
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/21/2007

~~FILE NOW! FEE IS \$800.00~~

In accordance with s. 607.403(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FITZGERALD, ROBERT 3500 FINANCIAL PLAZA, STE. 400 TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOKOLOW, LARRY 3500 FINANCIAL PLAZA, STE. 400 TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DIAMANTIS, CHRIS E 3500 FINANCIAL PLAZA, STE. 400 TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/07 (850) 894-9611

Date

Daytime Phone #