

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G74402**

1. Corporation Name

**DAVE GILBERT INCORPORATED**

Principal Place of Business

980 HIGHWAY 196  
MOLINO FL 32577  
US

Mailing Address

P.O. BOX 668  
CANTONMENT FL 32533  
US

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

12/15/1983

5. FEI Number

59-2364013

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
PST	GILBERT JOHN D.	980 HIGHWAY 196	MOLINO FL
D	GILBERT, JOHN D.	980 HIGHWAY 196	MOLINO FL 700004741367--2 -12/27/01--01047--004 ****758.75 ****758.75

REINSTATEMENT 01

8. Name and Address of Current Registered Agent

GILBERT, JOHN D.  
980 HIGHWAY 196  
MOLINO FL 32577

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

*John D. Gilbert*

REGISTERED AGENT MUST SIGN

Date

NOV 28 01 *ML*

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:

*John D. Gilbert* DAVE GILBERT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NOV 28 01

Daytime Phone #

850  
324-2425

CR2E040 (8/01)