

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 AM 10:52

DOCUMENT # **G96394**

1. Corporation Name

GORTEMOLLER CONSTRUCTION, CO.

Principal Place of Business

22216 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH FL 32417
US

Mailing Address

P.O. BOX 9989
PANAMA CITY BEACH FL 32417



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

REINSTATEMENT

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2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/15/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2421447	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
1	2	3	4
P	GORTEMOLLER, JAMES E	208 GOLF CIRCLE	PANAMA CITY FL 32411
V	GORTEMOLLER, JENNA F	208 GOLF CIRCLE	PANAMA CITY FL 32411
T	GORTEMOLLER, JAMES E	208 GOLF CIRCLE	PANAMA CITY FL 32411

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-11X15/00--01010--004
***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GORTEMOLLER, JAMES G 208 GOLF CIRCLE PANAMA CITY FL 32411		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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 James G. Gortemoller **REGISTERED AGENT MUST SIGN** Date 10-19-00

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: James G. Gortemoller **REGISTERED AGENT** 10-19-00 850-235-9019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/00)