

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 14 PM 4:35

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # H18428

1. Corporation Name

H. GILBERT & ASSOCIATES, INC.

2. Principal Office Address

234 Chilian Avenue

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/84

5. FEI Number

592449922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETER S. BROBERG

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

223 Peruvian Avenue

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

200059998732

09/27/05--01030--007 **120.00

600059998796

09/27/05--01030--008 **8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 9/7/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	HARRY A. GILBERT, III	234 Chilian Avenue	Palm Beach, FL 33480

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/2005

Date

(561) 835-9157

Daytime Phone #