

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 30 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H37581

1. Corporation Name GUFRENA INC.

2. Principal Office Address

118 Lake Geneva Road

Suite, Apt. #, etc.

City & State

Georgetown, Florida

Zip

32193

Country

USA

3. Mailing Office Address

Post Office Box 488

Suite, Apt. #, etc.

City & State

Crescent City, Florida

Zip

32112

Country

USA

REINSTATEMENT 99-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-11-1985

5. FEI Number

592479178

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

Jay D. Asbury

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

234 North Summit Street

Suite, Apt. #, Etc.

City

Crescent City

State

FL

Zip Code

32112

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CR2E081 (8/01)

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

Jay D. Asbury AS Per. Rep.

REGISTERED AGENT MUST SIGN

Date 10-17-2002

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.R.	Jay D. Asbury	234 North Summit Street	Crescent City, FL 32112

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:

Jay D. Asbury as Per. Rep.

as Personal Representative of the Estate of Gunther F. Natvey

10-17-02

386-698-1970

Daytime Phone #