

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

01 OCT 19 AM 9:42

DOCUMENT # H64596

1. Corporation Name

G P CONSTRUCTION CO. OF OCALA, INC.

Principal Place of Business

3681 S.W. 52ND TERRACE  
OCALA FL 34474  
US

Mailing Address

3681 S.W. 52ND TERRACE  
OCALA FL 34478  
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

07/02/1985

5. FEI Number

59-2549190

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
DP	GAYLORD, RONALD G.	3681 S.W. 52ND TERRACE	OCALA FL
V	DANNER, MAC H	3681 52ND TERRACE	OCALA FL
ST	GAYLORD, NANCY C	3681 S.W. 52ND TERRACE	OCALA FL
			700004661247--2 -10/31/01--01060--004 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

GAYLORD, RONALD G.  
3681 S.W. 52ND TERRACE  
OCALA FL 34474

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-17-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

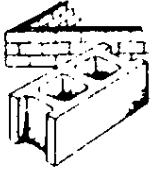
Date

Daytime Phone #

SIGNATURE REQUIRED  
Ronald G. Gaylord

10-17-01

CR2E040 (9/01)



# G.P. Masonry of Ocala

*Specializing in Masonry*

Dependable • Finest Quality • Licensed & Insured

10/17/01

## DIVISION OF CORPORATIONS

GP. CONSTRUCTION CO. OF OCALA, INC. , NEVER RECIEVED OUR RENEWAL NOTICE FROM THE DIVISION OF CORPORATIONS. WE APOLOGIZE FOR THE INCONVIENENCE. PLEASE ACCEPT OUR CHECK FOR REINSTATEMENT OF GP. CONSTRUCTION CO. OF OCALA, INC. DOCUMENT# H64596.

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THANK YOU

RON GAYLORD/PRESIDENT