

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 15 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H83727

1. Corporation Name

THE GRESSMAN GROUP, INC.

Principal Place of Business

300 S HYDE PARK AVE  
STE 180  
TAMPA FL 33606  
US

Mailing Address

300 S HYDE PARK AVE  
STE 180  
TAMPA FL 33606  
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

11/01/1985

5. FEI Number

59-2600170

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSD	GRESSMAN, BERT A.	3410 KILLDEER PL	PALM HARBOR FL 34885

700003063187--6  
-12/07/99--01058--025  
\*\*\*158.75 \*\*\*158.75

8. Name and Address of Current Registered Agent

MARLOWE, STEPHEN D.  
300 S HYDE PARK AVE STE 180  
TAMPA FL 33606

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

Date

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

*Bert Gressman*

BERT GRESSMAN

11/13/99 (727) 786-1339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

2

November 13, 1999

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: The Gressman Group, Inc.

To Whom It May Concern:

Please be advised that neither The Gressman Group, Inc. nor its Registered Agent received its 1999 Annual Report, or any delinquent notices thereafter. The Registered Agent received only the Notice of Administrative Dissolution or Revocation.

Therefore, we respectfully request that late fees be waived. We enclose the form, properly completed and signed, along with our Check in the amount of \$158.75 for our annual tax payment and a Certificate of Status.

Sincerely yours,

A handwritten signature in cursive script that reads "Bert Gressman". The signature is written in black ink and is positioned above the printed name and company name.

Bert Gressman  
The Gressman Group, Inc.