

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

GOSSARD ENTERPRISES ONE, INC.

2. Principal Office Address

One Beach Drive SE

Suite, Apt. #, etc.

Suite 205

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

One Beach Drive SE

Suite, Apt. #, etc.

Suite 205

City & State

St. Petersburg, FL

Zip

33701

Country

USA

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-2655394

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

Kent G. Whittemore, Esquire

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

One Beach Drive SE

Suite, Apt. #, Etc.

Suite 205

City

St. Petersburg

State

FL

Zip Code

33701

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

REGISTERED AGENT MUST SIGN

Date December 29, 2000

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
S/T P/D	R. Bruce Gossard	3439 Northridge Drive	Clearwater, FL 34763-1440

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:

R. Bruce Gossard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/00

Date

727-771-8703

Daytime Phone #

KE