

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 20 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J74827

1. Corporation Name

GAMSEY CARRIAGE COMPANY, INC

15 HOLLY LANE

REINSTATEMENT 03.04

300036962019
05/20/04--01047--019 **900.00

2. Principal Office Address

15 HOLLY LANE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FLORIDA

City & State

Zip

32080

Country

ST JOHNS

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/26/1987

5. FEI Number

59-2809258

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

STUART GAMSEY

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

15 HOLLY LANE

Suite, Apt. #, Etc.

City

ST AUGUSTINE

State

FL

Zip Code

32080

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

Stuart Gamsey
REGISTERED AGENT MUST SIGN

Date

5/19/04

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
PVP	STUART GAMSEY	15 HOLLY LANE	ST AUGUSTINE, FLORIDA 32080

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:

Stuart Gamsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/19/04

Daytime Phone #

(904) 824-5082

CR2E081 (01/04)