

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Matthew J. Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN 22 PM 1:22

DOCUMENT # J94173

1. Corporation Name

GWYEN LYNN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~909 SUMMERBROOKE DRIVE~~  
~~TALLAHASSEE FL 32312~~  
~~US~~

~~909 SUMMERBROOKE DRIVE~~  
~~TALLAHASSEE FL 32312~~  
~~US~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9375 Hwy 98 West

Suite, Apt. #, etc.

Suite 1

City & State

Destin, FL

Zip

32550

Country

USA

3. New Mailing Office Address, If Applicable

9375 Hwy 98 West

Suite, Apt. #, etc.

Suite 1

City & State

Destin, FL

Zip

32550

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/1987

5. FEI Number

59-2851562

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PV	GRAVES, TERRY G.	<del>909 SUMMERBROOKE DRIVE</del> 1403 Baytowne Ave. East	<del>TALLAHASSEE FL 32312</del> Destin, FL 32550
ST	GRAVES, JANICE L.	<del>909 SUMMERBROOKE DRIVE</del> 1403 Baytowne Ave. East	<del>TALLAHASSEE FL 32312</del> Destin, FL 32550

700003618347--6  
-02/01/01--01010--005  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

BIST, MICHAEL P.  
1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name

Terry G. Graves

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

1403 Baytowne Ave. East

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

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]*  
REGISTERED AGENT MUST SIGN

Date 1/19/01

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.

AD

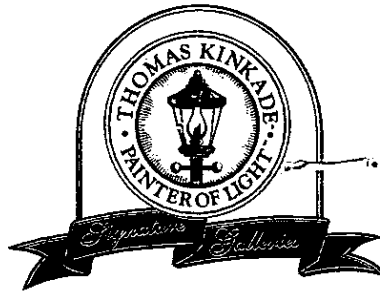
SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01  
Date

850-650-9331  
Daytime Phone #

CR2E040 (8/00)



*Exclusively representing the original oils and limited edition works of Thomas Kinkadee*

January 19, 2001

Divisions of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

I did not realize that our corporation had dissolved. About two weeks ago I received this reinstatement, so I called to inquire what had happened. We have been moved from Tallahassee since March 1999. I am sending a copy of the outside of the envelope to show the addresses that this had gone through, but it did find me. I am asking you to please waive the reinstatement fee and I am sending the fees for 2000 and 2001. I never had any intentions to let our corporation dissolve.

Sincerely,

Jarice Graves

---

THOMAS KINKADEE DESTIN GALLERY

9375 HIGHWAY 98 WEST, SUITE ONE, DESTIN, FL, 32541  
850 650-9331 • FAX 650-9343