

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 27 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L12959**

**1. Corporation Name**

**GILCO, Inc.**  
**DEPT Gilco Investments, Inc.**

**400013175164**  
02/27/03--01083--020 \*\*600.00

**2. Principal Office Address**

**15 Paddington Court**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**P.O. Box 770625**

Suite, Apt. #, etc.

**City & State**

**Naples, FL**

**City & State**

**Naples, FL**

**Zip**

**34104**

**Country**

**U.S.A**

**Zip**

**34107-0625**

**Country**

**U.S.A**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**9-89**

**5. FEI Number**

**65-0142662**

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**

**MARC L. SHAPIRO, P.A.**

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

**720 Goodlette Road, Suite 304**

**Suite, Apt. #, Etc.**

**304**

**City**

**Naples,**

**State**

**FL**

**Zip Code**

**34102**

**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**

**Marc L. Shapiro**

**Date**

**2-25-03**

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| <b>Titles</b> | <b>Name of<br/>Officers and/or Directors</b> | <b>Street Address of Each<br/>Officer and/or Director</b> | <b>City / State / Zip</b> |
|---------------|--|---|---------------------------|
| <b>Pres</b>   | <b>GILBERT CAURET</b>                        | <b>15 Paddington Court</b>                                | <b>Naples, FL 34104</b>   |
|               |  |   |                           |
|               |  |   |                           |
|               |  |   |                           |
|               |  |   |                           |
|               |  |   |                           |

**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:**

**James Come**

**2-24-03**

**Date**

**(239) 825-3434**

**Daytime Phone #**

CR2E081 (10/02)

**2/25**

# GILCO INVESTIGATIONS, INC.

(941) 435-0062

P.O. Box 770625 • Naples, Florida 34107-0625

FAX (941) 435-0802

February 25, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

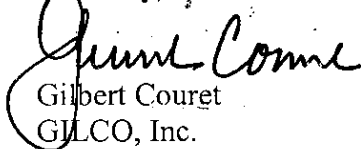
Re: GILCO, Inc.  
D/B/A GILCO Investigations, Inc.  
Document No.: L12959

To whom it may concern:

Be advised that in 1999 when filling my annual report with your department, I omitted to fill out the portion of the corporation's mailing address. Consequently, I did not receive any of the subsequent annual reports fillings for the years of 2000, 2001 and 2002, which were returned to your department.

I request that the late filing fees be waived on the basis of none receipt of the annual reports for the years depicted above. I enclose my company check in the amount of \$600.00 to reinstate my corporation. Please advise if this is acceptable.

Sincerely,

  
Gilbert Couret  
GILCO, Inc.  
Enclosures