

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

PS / JZ

04 OCT 18 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



04

TH

DOCUMENT # L43747 1. Entity Name GEPICAN & ASSOCIATES, INCORPORATED					
Principal Place of Business 220 - 5TH AVE N SAINT PETERSBURG, FL 33701 US			Mailing Address 4049 40TH STREET SOUTH SAINT PETERSBURG, FL 33711 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2988510	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DICKSON, HERMINE 4049 40TH STREET, SOUTH ST. PETERSBURG, FL 33711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Hermine Dickson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10.14.04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DICKSON, HERMINE 4049 40TH ST. SOUTH SAINT PETERSBURG, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700041950567 10/18/04--01095--007 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, DIANNE 601 56TH AVENUE SOUTH SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10.14.04</u> Daytime Phone #	

PJ 282

Hilcrest
Retirement Residence

TELEPHONE:
(813) 822-3582

10.14.04

220 FIFTH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33701

To whom it may concern:

Please be advised that the notice for re-application was not received and as a result Cepican & Ass. Inc. was dissolved.

We are therefore requesting re-instatement and also that the late fee be waived.

Should you have any further questions, please feel free to contact me at the above telephone number.

Thanking you in advance.

Sincerely,

Deed